

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000000951

FILED
Apr 28, 2008
Secretary of State

Entity Name: UNITED COVENANT HOUSE OF PRAYER, INCORPORATED

Current Principal Place of Business:

3819 NE 12TH ST.
GAINESVILLE, FL 32609

New Principal Place of Business:

Current Mailing Address:

3819 NE 12TH ST.
GAINESVILLE, FL 32609

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

WILLIAMS, CLAUDE L
3819 NE 12TH ST.
GAINESVILLE, FL 32609 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: WILLIAMS, CLAUDE L
Address: 3819 NE 12TH ST.
City-St-Zip: GAINESVILLE, FL 32609

Title: ST () Delete
Name: WILLIAMS, GEORGIA M
Address: 3819 NE 12TH ST.
City-St-Zip: GAINESVILLE, FL 32609

Title: ASA () Delete
Name: MCCOY, BERNICE MS.
Address: 1236 NE 1ST AVENUE
City-St-Zip: GAINESVILLE, FL 32641

Title: D () Delete
Name: WILLIAMS, ARCHIE SR.
Address: 1130 SE 19TH TERRACE
City-St-Zip: GAINESVILLE, FL 32641

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GEORGIA WILLIAMS

ST

04/28/2008

Electronic Signature of Signing Officer or Director

Date