2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2008
Secretary of State

DOCUMENT# N05000002918

Entity Name: UNITED WE STAND MINISTRIES, INC.

Current Principal Place of Business:

5003 TENNESSEE CAPITAL BLVD
TALLAHASSEE, FL 32303

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 20907
TALLAHASSEE, FL 32316

New Mailing Address:

FEI Number: 04-3812391 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

MICKENS, CHERYL
4518 CHAPARRAL LANE
TALLAHASSEE, FL 32303 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: D ( ) Delete
Name: JONES, KENNETH B
Address: 5003 TENNESSEE CAPITAL BLVD
City-St-Zip: TALLAHASSEE, FL 32303

Title: D ( ) Delete
Name: MAXWELL, NATHANIEL
Address: 5003 TENNESSEE CAPITAL BLVD
City-St-Zip: TALLAHASSEE, FL 32303

Title: D ( ) Delete
Name: JONES, LYNDERIA
Address: 5003 TENNESSEE CAPITAL BLVD
City-St-Zip: TALLAHASSEE, FL 32303

Title: D ( ) Delete
Name: THOMAS, QUINIKIYA L
Address: PO BOX 706
City-St-Zip: CRAWFORDVILLE, FL 32326

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: QUNIKIYA THOMAS D 04/25/2008
Electronic Signature of Signing Officer or Director — Date