2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 11, 2007 8:00 am
Secretary of State
05-11-2007 90032 018 ****70.00

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1. Entity Name
UNITED CHRISTIAN CHURCH OF CHRIST OF NORTH DADE, INC.

Principal Place of Business	Mailing Address
3201 NW 211 ST MIAMI GARDENS, FL 33056 US	POB ~~172338~~ 172725 HIALEAH, FL 33017

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02232007 No Chg-NP CR2E037 (4/06)

4. FEI Number
06-1762883
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CHANDLER-THOMAS, APRIL
8900 NW 20TH AVE
MIAMI, FL 33147

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	YOUNG, SONJA T
STREET ADDRESS	1370 NW 116TH ST
CITY-ST-ZIP	MIAMI, FL 33167
TITLE	TD
NAME	TUCKER, MARY
STREET ADDRESS	3201 NW 211 ST
CITY-ST-ZIP	MIAMI GARDENS, FL 33056
TITLE	VPD
NAME	YOUNG, VINCENT
STREET ADDRESS	1370 NW 116TH ST
CITY-ST-ZIP	MIAMI, FL 33167
TITLE	D
NAME	CHANDLER-THOMAS, APRIL
STREET ADDRESS	8900 NW 20TH AVE
CITY-ST-ZIP	MIAMI, FL 33167
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Sonja T Young 4/22/07 (786) 597-8586
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #