

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000004494

FILED  
Apr 24, 2007  
Secretary of State

Entity Name: UNITED HOUSE OF FAITH, INC.

## Current Principal Place of Business:

1285 NW 172ND TERRACE  
MIAMI, FL 33169

## New Principal Place of Business:

## Current Mailing Address:

1285 NW 172 TERRACE  
MIAMI, FL 33169

## New Mailing Address:

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

## Name and Address of Current Registered Agent:

FRANCIS, NEVILLE  
1285 NW 172 TERRACE  
MIAMI, FL 33169 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: FRANCIS, NEVILLE  
Address: 1285 NW 172 TERRACE  
City-St-Zip: MIAMI, FL 33169

Title: VP ( ) Delete  
Name: FRANCIS, CASTERIA  
Address: 1285 NW 172 TERRACE  
City-St-Zip: MIAMI, FL 33169

Title: S ( ) Delete  
Name: WASHINGTON, ALICE  
Address: 4170 INVERRARY DRIVE  
City-St-Zip: LAUDERHILL, FL 33319

Title: T ( ) Delete  
Name: EXCELL, LINDELL  
Address: 9761 GLACIER DRIVE  
City-St-Zip: MIRAMAR, FL 33025

Title: AT ( ) Delete  
Name: FRANCIS, RHONE  
Address: 1285 NW 172 TERRACE  
City-St-Zip: MIAMI, FL 33169

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: S (X) Change ( ) Addition  
Name: BRYAN, MAUREEN  
Address: 1435 NW 193 TERR  
City-St-Zip: MIAMI, FL 33169

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: FRANCIS NEVILLE

P

04/24/2007

Electronic Signature of Signing Officer or Director

Date