

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12046

FILED
Feb 23, 2009
Secretary of State

Entity Name: THE UNITED CHRISTIAN CHURCH OF CHRIST, INCORPORATION OF COCONUT GROVE, FLORIDA

Current Principal Place of Business:

3288 CHARLES AVENUE
MIAMI, FL 33133

New Principal Place of Business:

Current Mailing Address:

PO BOX 330982
MIAMI, FL 33233

New Mailing Address:

FEI Number: 65-0038553

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

DUPREE, MARTHENIA P DR
15211 NW 33 COURT
MIAMI GARDENS, FL 33054 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: VD () Delete
Name: DINGLE, IRVIN
Address: 3076 ELIZABETH ST.
City-St-Zip: MIAMI, FL 33133

Title: PD () Delete
Name: DUPREE, MARTHENIA P DR
Address: 15211 NW 33 COURT
City-St-Zip: MIAMI GARDENS, FL 33054

Title: S () Delete
Name: GAVINS, ROSIE S
Address: 3611 OAK AVE.
City-St-Zip: MIAMI, FL 33133

Title: D () Delete
Name: DINGLE, DAVID D
Address: 3370 WILLIAMS AVE
City-St-Zip: MIAMI, FL 33133

Title: T () Delete
Name: DINGLE, ARLENA T DR
Address: 3076 ELIZABETH STREET
City-St-Zip: MIAMI, FL 33133

Title: D () Delete
Name: BURNAM, BARBARA D
Address: 3326 CHARLES AVENUE
City-St-Zip: MIAMI, FL 33133

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VTD (X) Change () Addition
Name: DINGLE, ARLENA DR.
Address: 3076 ELIZABETH ST.
City-St-Zip: MIAMI, FL 33133

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

Title: SD (X) Change () Addition
Name: GAVINS, ROSIE S
Address: 3611 OAK AVE.
City-St-Zip: MIAMI, FL 33133

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

Title: D (X) Change () Addition
Name: DINGLE, IRVIN
Address: 3076 ELIZABETH STREET
City-St-Zip: MIAMI, FL 33133

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: DR. MARTHENIA DUPREE

PD

02/23/2009

Electronic Signature of Signing Officer or Director

Date