


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 30, 2008 08:00 AM
Secretary of State

DOCUMENT # N36893 1. Entity Name UNITED GOSPEL MINISTRY, INC.	
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Principal Place of Business 87 NW 9TH AVE FLORIDA CITY FL 33034 US	Mailing Address PO BOX 3464 FLORIDA CITY FL 33034 US
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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1st MOORE CR2E037 (10/07)

City & State Zip Country	City & State Zip Country
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4. FEI Number 65-0371974	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent BENOIT, SAMUEL 15350 SW 302 STREET HOMESTEAD FL 33033	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (NOTE: Registered Agent signature required when re-appointing) DATE _____

**FILE NOW: FEE IS \$61.25
Due By May 1, 2008**

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

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS	
TITLE	<input checked="" type="checkbox"/> D <input type="checkbox"/> Delete BENOIT, SAMUEL STREET ADDRESS: 15350 SW 302 STREET CITY-ST-ZIP: HOMESTEAD FL 33033
TITLE	<input checked="" type="checkbox"/> D <input type="checkbox"/> Delete PROPH TE, JEAN RICHARD STREET ADDRESS: 15350 SOUTHWEST 302ND STREET CITY-ST-ZIP: HOMESTEAD FL 33033
TITLE	<input checked="" type="checkbox"/> D <input type="checkbox"/> Delete BEAUVIL, EMILIO STREET ADDRESS: 15350 S.W. 302 ST. CITY-ST-ZIP: HOMESTEAD FL 33033
TITLE	<input type="checkbox"/> Delete
TITLE	<input type="checkbox"/> Delete
TITLE	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:  **REV. SAMUEL BENOIT** 1/30/08 305.246.1934