


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

FILED
Apr 16, 2008 08:00 AM
Secretary of State

DOCUMENT # N37928	
1. Entity Name UNITED ASSEMBLY OF CHURCHES ASSOCIATION USA, INC.	

Principal Place of Business 2201 NW 22ND ST. FT. LAUDERDALE FL 33311	Mailing Address PO BOX 120038 FORT LAUDERDALE FL 33312 US
---	---



2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E037 (10/07)

4. FEI Number 65-0347471		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent STATEN, DR. JIMMIE 2201 NW 22ND STREET FT. LAUDERDALE FL 33311		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

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 reinstating)

Signature, typed or printed name of registered agent and title if applicable. DATE

FILE NOW: FEE IS \$61.25 Due By May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
--	--	------------------------------------	--

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE C	NAME STATEN, JIMMIE (REV/DR)	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 2201 NW 22ND ST	CITY-ST-ZIP FT. LAUDERDALE FL		
TITLE D	NAME STATEN, DELORES J	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 500 N W 43RD AVE	CITY-ST-ZIP PLANTATION FL		
TITLE D	NAME MOBLEY, THOMAS	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 901 NW 2 AVE	CITY-ST-ZIP FORT LAUDERDALE FL 33311		
TITLE VP	NAME NEELY, REV. SARAH	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 1407 NW 13TH CT	CITY-ST-ZIP FT LAUDERDALE FL		
TITLE D	NAME STATEN, JIMMIE JR	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 1491 NW 20TH ST	CITY-ST-ZIP FORT LAUDERDALE FL 33311		
TITLE D	NAME STATEN, JESSICA L	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 500 NW 43 AVENUE	CITY-ST-ZIP PLANTATION FL 33317		

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. Dr. Jimmie Staten, Jr.* **4-10-08 954735/203**