2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 21, 2009
Secretary of State

DOCUMENT# N40694

Entity Name: UNITY PENTECOSTAL CHURCH OF GOD, INC.

Current Principal Place of Business:

801 NW 111 STREET
MIAMI, FL 33168 US

New Principal Place of Business:

Current Mailing Address:

801 NW 111 STREET
MIAMI, FL 33168 US

New Mailing Address:

FEI Number: 65-0265974 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

HYPPOLITE, ROLAND
1116 NE 157TH ST
MIAMI, FL 33162 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: PD ( ) Delete
Name: FORESTAL, DUCOIS
Address: 300 NW 117 ST
City-St-Zip: MIAMI, FL

Title: VD ( ) Delete
Name: DESIR, PERES
Address: 580 NW 152 STREET
City-St-Zip: MIAMI, FL 33169

Title: SD ( ) Delete
Name: HYPPOLITE, ROLAND
Address: 1116 N.E. 157 STREET
City-St-Zip: NORTH MIAMI BEACH, FL 33162

Title: TD ( ) Delete
Name: JOSEPH, SAMUEL
Address: 910 NW 131 STREET
City-St-Zip: MIAMI, FL 33168

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: JOSEPH, SAMUEL TD 06/21/2009

Electronic Signature of Signing Officer or Director — Date