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Apr 23 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N49070** **(8)**

1. Corporation Name
UNITED NATIONS CHURCH, INC.

Principal Place of Business	Mailing Address
8719 S US #1 SUITE N 202 PT ST. LUCIE FL 34952 US	PO BOX 8119 PT ST. LUCIE FL 34985-8119 US

3. Date Incorporated or Qualified: 05/22/1992
3a. Date of Last Report: 04/15/1996

2. Principal Place of Business
21 2698 SE CARTHAGE RD
Suite, Apt. #, etc. 22
City & State 23 PORT St Lucie FL
Zip 24 34952 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc. 27
City & State 28
Zip 29 Country 30

4. FEI Number: 65-0335358 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

MILLS, DAVID
1554 S.E. ROYAL GREEN CIRCLE
SUITE N202
PORT ST. LUCIE FL 34952

10. Name and Address of New Registered Agent

81 Name: MILLS, DAVID
82 Street Address (P.O. Box Number is Not Acceptable): 2698 SE CARTHAGE ROAD
83: PORT St Lucie
84 City: FL 85 Zip Code: 34952

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	MILLS, SONIA		1.2 NAME		
STREET ADDRESS	2802 SE PINE VALLEY ST.		1.3 STREET ADDRESS		
CITY-ST-ZIP	PORT ST LUCIE FL 34952		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	MILLS, DAVID		2.2 NAME		
STREET ADDRESS	2802 SE PIN BALLEY ST		2.3 STREET ADDRESS		
CITY-ST-ZIP	PORT ST LUCIE FL 34952		2.4 CITY-ST-ZIP		
TITLE	D	☑ DELETE	3.1 TITLE	D	☑ Change ☐ Addition
NAME	BRYAN, MONICA		3.2 NAME	VINET LAMONTE	
STREET ADDRESS	2820 SUMMERSET DR. BLDG O, APT 207		3.3 STREET ADDRESS	551 BARB ANN LANE	
CITY-ST-ZIP	LAUDERDALE LAKES FL		3.4 CITY-ST-ZIP	PORT St Lucie FL 34952	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: David Mills SECRETARY 3-30-97