FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAR -2 PM 3:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N93000004027 (9)

1. Corporation Name
UNITED FELLOWSHIP MINISTRIES, INC.

Principal Place of Business	Mailing Address
1529 SYCAMORE AVE. LAKE PLACID FL 33852 US	1529 SYCAMORE AVE. LAKE PLACID FL 33852 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/03/1993
3a. Date of Last Report: 02/03/1994
4. FEI Number: 59-3204321 ☐ Applied For ☐ Not Applicable

21 2. Principal Place of Business: 4702 TOWN & COUNTRY BLVD	26 2a. Mailing Address: SAME
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: TAMPA FL	28 City & State
24 Zip: 33615	25 Country: US
29 Zip	30 Country

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

CONSAGRA, GLENN F
1529 SYCAMORE AVENUE 4702 TOWN & COUNTRY BLVD
LAKE PLACID FL 33852 TAMPA, FL 33615

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: Glenn Consagra GLENN CONSAGRA 2/24/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE		☐ Change ☐ Addition
NAME	CONSAGRA, GLENN F	1.2 NAME		
STREET ADDRESS	1529 SYCAMORE AVE. 4702 TOWN & COUNTRY	1.3 STREET ADDRESS		
CITY-ST-ZIP	LAKE PLACID FL BLVD., TAMPA FL 33615	1.4 CITY-ST-ZIP		
TITLE	VD	2.1 TITLE		☐ Change ☐ Addition
NAME	GILLESPIE, JOHN	2.2 NAME		
STREET ADDRESS	205 NORTH 10TH AVE.	2.3 STREET ADDRESS		
CITY-ST-ZIP	WAUCHULA FL	2.4 CITY-ST-ZIP		
TITLE	D	3.1 TITLE		☐ Change ☐ Addition
NAME	GILLESPIE, LORRAINE	3.2 NAME		
STREET ADDRESS	250 NORTH 10TH AVE.	3.3 STREET ADDRESS		
CITY-ST-ZIP	WAUCHULA FL	3.4 CITY-ST-ZIP		
TITLE	TD	4.1 TITLE	TREASURER/DIRECTOR	☒ Change ☐ Addition
NAME	CARPENTER, MARY	4.2 NAME	EDDYTH CONSAGRA	
STREET ADDRESS	1529 SYCAMORE AVE.	4.3 STREET ADDRESS	4702 TOWN & COUNTRY BLVD	
CITY-ST-ZIP	LAKE PLACID FL	4.4 CITY-ST-ZIP		
TITLE	D	5.1 TITLE	DIRECTOR	☒ Change ☐ Addition
NAME	SWARTZ, JUDITH K	5.2 NAME	ROBERT CONSAGRA	
STREET ADDRESS	48 PINE AIR CIRCLE	5.3 STREET ADDRESS	4702 TOWN & COUNTRY BLVD,	
CITY-ST-ZIP	LAKE PLACID FL	5.4 CITY-ST-ZIP	TAMPA, FL 33615	
TITLE	D	6.1 TITLE		☐ Change ☐ Addition
NAME	LAWS, GEORGE	6.2 NAME		
STREET ADDRESS	125 SHELBY AVE. #2	6.3 STREET ADDRESS		
CITY-ST-ZIP	AUBURNDALE FL	6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Glenn Consagra GLENN CONSAGRA 2/24/95 813) 882-1005
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number

0067084