

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

**APPROVED AND FILED**

95 APR 24 AM 9:02

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION ANNUAL REPORT 1995**

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



**DOCUMENT # N93000004235 (8)**  
1. Corporation Name  
**UNITY OF THE FAITH MINISTRIES, INC.**

Principal Place of Business Mailing Address

157 NE 187TH ST  
MIAMI FL 33169

NORLAND BRANCH  
P. O. BOX 693127  
N. MIAMI FL 33169  
US

2. Principal Place of Business 2a. Mailing Address

21 275-34th Street, South Suite, Apt. #, etc.  
22 Suite #36  
City & State  
23 St. Petersburg, FL  
Zip Country  
24 33711

26 P.O. Box 47446  
Suite, Apt. #, etc.  
27 Crossroads Branch  
City & State  
28 St. Petersburg, FL  
Zip Country  
29 33743-7446 30

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 3a. Date of Last Report  
09/15/1993 04/08/1994

4. FBI Number Applied For  
65-0437254 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

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

ANDREWS, GRACE C  
157 NE 187TH ST  
MIAMI FL 33169

10. Name and Address of New Registered Agent

81 Name  
Grace C. Andrews  
82 Street Address (P.O. Box Number is Not Acceptable)  
275 34th Street, South  
83 Suite #36  
84 City FL 85 Zip Code  
St. Petersburg, FL 33711

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 Grace C. Andrews D/V/S April 19, 1995

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	DP <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDREWS, APOSTLE GARCIA	1.2 NAME	Andrews, Apostle Garcia
STREET ADDRESS	157 NE 187TH ST	1.3 STREET ADDRESS	275-34th Street, South, Suite #36
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	St. Petersburg, FL 33711
TITLE	DVS	2.1 TITLE	DVS <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDREWS, GRACE C	2.2 NAME	Andrews, Grace C.
STREET ADDRESS	157 NE 187TH ST	2.3 STREET ADDRESS	275-34th Street, South, Suite #36
CITY-ST-ZIP	MIAMI FL 33169	2.4 CITY-ST-ZIP	St. Petersburg, FL 33711
TITLE	D	3.1 TITLE	DT <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BANDS, LILLIAN	3.2 NAME	Beal, Wanda Elaine
STREET ADDRESS	4101 NW 11TH CT	3.3 STREET ADDRESS	275-34th Street, South, Suite #38
CITY-ST-ZIP	MIAMI FL 33127	3.4 CITY-ST-ZIP	St. Petersburg, FL 33711
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 110.07(3)(k), 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: Apostle G. Andrews 04/19/95 (813) 328-7305

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Title) (Phone/Fax #)

Apostle G. Andrews - President