

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # N93000004235 (8)

1. Corporation Name
UNITY OF THE FAITH MINISTRIES, INC.



Principal Place of Business: 275 S 34TH ST, STE 36, ST PETERSBURG FL 33711 US
Mailing Address: PO BOX 47446, CROSSROADS BRANCH, ST PETERSBURG FL 33773 US

3. Date Incorporated or Qualified: 09/15/1993
3a. Date of Last Report: 04/24/1995

2. Principal Place of Business (21) 2a. Mailing Address (26)

4. FEI Number: 65-0437254
Applied For: Not Applicable

Suite, Apt. #, etc. (22) Suite, Apt. #, etc. (27)

5. Certificate of Status Desired: \$8.75 Additional Fee Required

City & State (23) City & State (28)

6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees

Zip (24) Country (25) Zip (29) Country (30)

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ANDREWS, GRACE C
275 SOUTH 34TH STREET
STE 36
ST PETERSBURG FL 33711

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 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	ANDREWS, APOSTLE GARCIA	
STREET ADDRESS	275 SOUTH 34TH ST, STE 36	
CITY-ST-ZIP	ST PETERSBURG FL	
TITLE	DVS	<input type="checkbox"/> DELETE
NAME	ANDREWS, GRACE C	
STREET ADDRESS	275 SOUTH 34TH ST, STE 36	
CITY-ST-ZIP	ST PETERSBURG FL	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	BEAL, WANDA ELAINE	
STREET ADDRESS	275 SOUTH 34TH STREET, STE 36	(Address) ONLY
CITY-ST-ZIP	ST PETERSBURG FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	DT BEAL, WANDA ELAINE
3.3 STREET ADDRESS	4051 5TH AVENUE, south
3.4 CITY-ST-ZIP	ST. PETERSBURG, FL 33711
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	M COHEN, RODNEY CARL
4.3 STREET ADDRESS	5136 QUEEN STREET, NORTH
4.4 CITY-ST-ZIP	ST. PETERSBURG, FL 33714
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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)(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* 4/23/96 (813) 328-7305
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)