

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONSFILED
Apr 30 1997 8:00am
Secretary of State**DOCUMENT # N93000004235 (8)**

1. Corporation Name

UNITY OF THE FAITH MINISTRIES, INC.



Principal Place of Business

Mailing Address

275 S 34TH ST
STE 36
ST PETERSBURG FL 33711
USPO BOX 47446
CROSSROADS BRANCH
ST PETERSBURG FL 33743-7446
US3. Date Incorporated or Qualified
09/15/19933a. Date of Last Report
04/26/19962. Principal Place of Business
21 (Same)2a. Mailing Address
26 (Same)4. FEI Number
65-0437254Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

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

22 City & State

27 City & State

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

23 Zip Country

28 Zip Country

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

24 Zip

25 Country

29 Zip

30 Country

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

(Same)

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP ☐ DELETE
NAME ANDREWS, APOSTLE GARCIA
STREET ADDRESS 275 SOUTH 34TH ST, STE 36
CITY-ST-ZIP ST PETERSBURG FL1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIPTITLE DVS ☐ DELETE
NAME ANDREWS, GRACE C
STREET ADDRESS 275 SOUTH 34TH ST, STE 36
CITY-ST-ZIP ST PETERSBURG FL2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIPTITLE DT ☒ DELETE
NAME ~~BEAL, WANDA ELAINE~~
STREET ADDRESS 4051 5TH AVENUE SOUTH
CITY-ST-ZIP ST PETERSBURG FL3.1 TITLE ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIPTITLE M ☒ DELETE
NAME ~~COHEN, RODNEY C~~
STREET ADDRESS 5136 QUEEN STREET, NORTH
CITY-ST-ZIP ST PETERSBURG FL4.1 TITLE ☒ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIPTITLE DT ☐ DELETE
NAME ANDREWS, DUANE GARCIA
STREET ADDRESS 7950 N.E. Bayshore Court, #20
CITY-ST-ZIP MIAMI, FL 331385.1 TITLE ☐ Change ☒ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIPTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP6.1 TITLE ☐ Change ☐ 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 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: *Apostle G. Andrews*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/97

(813)-
328-2607

Date

Daytime Phone # 0051516

CF2E037 (9/96)