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Apr 30 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 # 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 33743-7446, US

3. Date Incorporated or Qualified: 09/15/1993  
3a. Date of Last Report: 04/26/1996

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21 (Same)	26 (Same)	65-0437254	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required
22	27	<input type="checkbox"/>	\$5.00 May Be Added to Fees
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>
23	28	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Zip	Country	29	30
24	25	29	30

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP ANDREWS, APOSTLE GARCIA 275 SOUTH 34TH ST, STE 36 ST PETERSBURG FL	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDREWS, APOSTLE GARCIA	1.2 NAME	
STREET ADDRESS	275 SOUTH 34TH ST, STE 36	1.3 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG FL	1.4 CITY-ST-ZIP	
TITLE	DVS ANDREWS, GRACE C 275 SOUTH 34TH ST, STE 36 ST PETERSBURG FL	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDREWS, GRACE C	2.2 NAME	
STREET ADDRESS	275 SOUTH 34TH ST, STE 36	2.3 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG FL	2.4 CITY-ST-ZIP	
TITLE	DT <del>BEAL, WANDA ELAINE</del> 4051 5TH AVENUE SOUTH ST PETERSBURG FL	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<del>BEAL, WANDA ELAINE</del>	3.2 NAME	RESIGNED
STREET ADDRESS	4051 5TH AVENUE SOUTH	3.3 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG FL	3.4 CITY-ST-ZIP	
TITLE	M <del>COHEN, RODNEY C</del> 5136 QUEEN STREET, NORTH ST PETERSBURG FL	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<del>COHEN, RODNEY C</del>	4.2 NAME	RESIGNED
STREET ADDRESS	5136 QUEEN STREET, NORTH	4.3 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG FL	4.4 CITY-ST-ZIP	
TITLE	DT ANDREWS, DUANE GARCIA 7950 N.E. Bayshore Court, #20 MIAMI, FL 33138	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ANDREWS, DUANE GARCIA	5.2 NAME	NEW OFFICER
STREET ADDRESS	7950 N.E. Bayshore Court, #20	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33138	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	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 does not qualify for the exemption stated in Section 119.07(9)(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* 4/21/97 (813)-928-2607  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Day Daytime Phone # 0051516

CF2E037 (9/96)