


FILE NOW: FILING FEE IS \$61.25

FILED  
Apr 24 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N93000004235 (8)**  
1. Corporation Name  
**UNITY OF THE FAITH MINISTRIES, INC.**



Principal Place of Business <b>275 S 34TH ST STE 36 ST PETERSBURG FL 33711 US</b>	Mailing Address <b>PO BOX 47446 CROSSROADS BRANCH ST PETERSBURG FL 33773 US</b>
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3. Date Incorporated or Qualified  
**09/15/1993**

4. FEI Number  
**65-0437254**

Applied For	
Not Applicable	

2. Principal Place of Business 21 Suite, Apt. #, etc. <b>NEW →</b> 22 City & State 23 Zip Country 24	2A. Mailing Address 26 P.O. Box 16534 Suite, Apt. #, etc. 27 Main Branch City & State 28 St. Petersburg, FL Zip Country 29 33733-6534 30 USA
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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. Is this nonprofit corporation a homeowners association?  Yes  No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

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	
82 Street Address (P.O. Box Number Is Not Acceptable)	
83	
84 City	<b>FL</b> 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

TITLE	<b>DP</b>	<input type="checkbox"/> DELETE
NAME	<b>ANDREWS, APOSTLE GARCIA</b>	
STREET ADDRESS	<b>275 SOUTH 34TH ST, STE 36</b>	
CITY-ST-ZIP	<b>ST PETERSBURG FL</b>	
TITLE	<b>DVS</b>	<input type="checkbox"/> DELETE
NAME	<b>ANDREWS, GRACE C</b>	
STREET ADDRESS	<b>275 SOUTH 34TH ST, STE 36</b>	
CITY-ST-ZIP	<b>ST PETERSBURG FL</b>	
TITLE	<b>DT</b>	<input type="checkbox"/> DELETE
NAME	<b>ANDREWS, DUANE G</b>	
STREET ADDRESS	<b>7950 N.E. BAYSHORE COURT, #20</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
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 type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
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 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: **Grace C. Andrews** 4/16/98 (813) 328-8146

CR2E037 (10/97)