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Apr 24 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham 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

Mailing Address

275 S 34TH ST
STE 36
ST PETERSBURG FL 33711
US

PO BOX 47446
CROSSROADS BRANCH
ST PETERSBURG FL 33773
US

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc. **NEW →**

2a P.O. Box 16534

22 City & State

27 Main Branch

23 Zip

Country

28 City & State
St. Petersburg, FL

29 Zip

Country

24

25

30 33733-6534

31 USA

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

09/15/1993

4. FEI Number

65-0437254

Applied For

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. 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

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** ☐ DELETE

NAME **ANDREWS, APOSTLE GARCIA**
STREET ADDRESS **275 SOUTH 34TH ST, STE 36**
CITY-ST-ZIP **ST PETERSBURG FL**

TITLE **DVS** ☐ DELETE

NAME **ANDREWS, GRACE C**
STREET ADDRESS **275 SOUTH 34TH ST, STE 36**
CITY-ST-ZIP **ST PETERSBURG FL**

TITLE **DT** ☐ DELETE

NAME **ANDREWS, DUANE G**
STREET ADDRESS **7950 N.E. BAYSHORE COURT, #20**
CITY-ST-ZIP **MIAMI FL**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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)