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**Apr 29, 1999 8:00 am**  
**Secretary of State**

04-29-1999 90022 022 \*\*\*\*61.25

**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N93000004235**

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

P O BOX 16534  
MAIN BRANCH  
ST PETERSBURG FL 33733-534  
US



2. Principal Place of Business

21 1125 NE 80th St., #7

2a. Mailing Address

26 P.O. Box 380921

3. Date Incorporated or Qualified

09/15/1993

Suite, Apt. #, etc.

22 Suite #7

Suite, Apt. #, etc.

27 Little River Station

4. FEI Number

65-0437254

Applied For

Not Applicable

City & State

23 Miami, FL

City & State

28 Miami, FL

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

Zip

24 33138

Country

25 U.S.A.

Zip

29 33238

Country

30 U.S.A.

6. Election Campaign Financing Trust Fund Contribution ☐

**\$5.00** May Be Added to Fees

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 Andrews, Grace Charmaine  
82 Street Address (P.O. Box Number is Not Acceptable) 1125 NE 80th Street  
83 Suite #7  
84 City Miami FL 85 Zip Code 33138

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)

04/26/99

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	(ADDRESS)
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	ANDREWS, DUANE G	
STREET ADDRESS	7950 N.E. BAYSHORE COURT, #20	
CITY-ST-ZIP	MIAMI 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	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Andrews, Apostle Garcia	
1.3 STREET ADDRESS	1125 NE 80th Street, Suite #7	
1.4 CITY-ST-ZIP	Miami, FL 33138	
2.1 TITLE	DVS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Andrews, Grace Charmaine	
2.3 STREET ADDRESS	1125 NE 80th Street, Suite #7	
2.4 CITY-ST-ZIP	Miami, FL 33138	
3.1 TITLE	DT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Andrews, Duane Garcia	
3.3 STREET ADDRESS	17760 NW 67th Avenue, Apt. #307	
3.4 CITY-ST-ZIP	Miami, FL 33015	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Johnson, Rev. Kenneth George	
4.3 STREET ADDRESS	1515 NW 66th Street	
4.4 CITY-ST-ZIP	Miami, FL 33147	
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, with all other like empowered.

SIGNATURE: *Apostle Garcia Andrews*

04/26/99 (305)754-7424

Date

Daytime Phone #

CR2E037 (11/98)