

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 24, 2001 8:00 am**  
**Secretary of State**

004541

04-24-2001 90063 006 \*\*\*\*61.25

**DOCUMENT # N93000004235**

1. Entity Name

**UNITY OF THE FAITH MINISTRIES, INC.**

Principal Place of Business

Mailing Address

1125 NE 80TH STREET  
 SUITE 7  
 MIAMI FL 33138  
 US

P.O. BOX 380921  
 LITTLE RIVER STATION  
 MIAMI FL 33238  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite #5

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0437254

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ANDREWS, GRACE C  
 1125 NE 80TH STREET  
 SUITE 7  
 MIAMI FL 33138

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite #5

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

*Grace C. Andrews*

Grace C. Andrews

04/17/01

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:**  
**FEE IS \$61.25**

9. Election Campaign Financing  
 Trust Fund Contribution.

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

**Make Check Payable to**  
**Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
DP	ANDREWS, APOSTLE GARCIA	1125 NE 80TH STREET, SUITE 7	MIAMI FL 33138	<input type="checkbox"/>	<input type="checkbox"/>
DVS	ANDREWS, GRACE C	1125 NE 80TH STREET, SUITE 7	MIAMI FL 33138	<input checked="" type="checkbox"/>	<input type="checkbox"/>
D	JOHNSON, KENNETH G REV	1515 NW 66TH STREET	MIAMI FL 33147	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Grace C. Andrews*

04/17/01 (305) 754-7424

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)