

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N93000004235

FILED
Apr 29, 2002 8:00 AM
Secretary of State

Entity Name: UNITY OF THE FAITH MINISTRIES, INC.

Current Principal Place of Business:

1125 NE 80TH STREET
SUITE 5
MIAMI, FL 33138 US

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 65-0437254 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ANDREWS, GRACE C
1125 NE 80TH STREET
SUITE 5
MIAMI, FL 33138

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: ANDREWS, APOSTLE GARCIA
Address: 1125 NE 80TH STREET SUITE 5
City-St-Zip: MIAMI, FL 33138

Title: DVS () Delete
Name: ANDREWS, GRACE C
Address: 1125 NE 80TH STREET SUITE 5
City-St-Zip: MIAMI, FL 33138

Title: D () Delete
Name: JOHNSON, KENNETH G REV
Address: 1515 NW 66TH STREET
City-St-Zip: MIAMI, FL 33147

Title: T () Delete
Name: HARRIS, DAVID JOSEPH JR
Address: 1125 NE 80TH STREET SUITE 5
City-St-Zip: MIAMI, FL 33138

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GRACE C. ANDREWS

DVS

04/29/2002

Electronic Signature of Signing Officer or Director

_____ Date