

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jun 04, 2003 8:00 am
Secretary of State

06-04-2003 90100 032 ****70.00

DOCUMENT # N93000004235

1. Entity Name

UNITY OF THE FAITH MINISTRIES, INC.



Principal Place of Business

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

Mailing Address

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

2. Principal Place of Business

3. Mailing Address

P.O. Box 415160

Suite, Apt. #, etc.

Suite, Apt. #, etc.

NORMANDY BRANCH

City & State

City & State

MIAMI Bch., FL.

Zip

Country

Zip

Country

33141

DADE

4. FEI Number **65-0437254**

Applied For

Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (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 Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Delete
NAME **DP ANDREWS, APOSTLE GARCIA**
STREET ADDRESS **1125 NE 80TH STREET SUITE 5**
CITY-ST-ZIP **MIAMI FL 33138**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **DVS ANDREWS, GRACE C**
STREET ADDRESS **1125 NE 80TH STREET SUITE 5**
CITY-ST-ZIP **MIAMI FL 33138**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **D JOHNSON, KENNETH G REV**
STREET ADDRESS **1515 NW 66TH STREET**
CITY-ST-ZIP **MIAMI FL 33147**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **T HARRIS, DAVID JOSEPH JR**
STREET ADDRESS **1125 NE 80TH STREET SUITE 5**
CITY-ST-ZIP **MIAMI FL 33138**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: *Apostle Andrews*

5/30/03 (305)754-7424

CR2E037 (10/02)