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FILED  
May 16 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N94000001783 (9)**

1. Corporation Name

**UNITED FAITH MINISTRY, INC.**



Principal Place of Business

Mailing Address

P.O. BOX 310  
MCALPIN FL 32062

P.O. BOX 310  
MCALPIN FL 32062-0310

2. Principal Place of Business  
21 **3742 W. CR 10-A**

2a. Mailing Address  
26 **P.O. Box 868**

3. Date Incorporated or Qualified  
**04/12/1994**

3a. Date of Last Report  
**04/26/1996**

4. FEI Number  
**59-3234998**

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**

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
23 **WELLBORN, FL**

City & State  
28 **WELLBORN, FL**

Zip Country  
24 **32094** 25 **USA**

Zip Country  
29 **32094** 30 **USA**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GINES, JOSEPH B  
RT. 1 BOX 479  
MCALPIN FL 32062**

81 Name **(SAME) GINES, JOSEPH B**

82 Street Address (P.O. Box Number is Not Acceptable)  
**3742 W. CR 10-A**

83

84 City **WELLBORN, FL** 85 Zip Code **32094**

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 *Joseph B. Gines* **JOSEPH B. GINES, DP**

**4/24/97**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE  
NAME **DP**  
STREET ADDRESS **GINES, JOSEPH B**  
CITY - ST - ZIP **2110 S W 10TH STREET**  
**MIAMI FL**

1.1 TITLE ☒ Change ☐ Addition  
1.2 NAME **DP**  
1.3 STREET ADDRESS **GINES, JOSEPH B**  
1.4 CITY - ST - ZIP **3742 W. CR 10-A**  
**WELLBORN, FL**

TITLE ☒ DELETE  
NAME **SD**  
STREET ADDRESS **DILALLO, ARTHUR N**  
CITY - ST - ZIP **RT 1 BOX 479**  
**MCALPIN FL**

2.1 TITLE ☐ Change ☒ Addition  
2.2 NAME **SD**  
2.3 STREET ADDRESS **DANIA IRVIN**  
2.4 CITY - ST - ZIP **5440 S. W. 85 ROAD**  
**MIAMI, FL**

TITLE ☐ DELETE  
NAME **TD**  
STREET ADDRESS **GINES, ELSIE B**  
CITY - ST - ZIP **2110 S W 10TH STREET**  
**MIAMI FL**

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY - ST - ZIP

14. I do 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: *Joseph B. Gines* **JOSEPH B. GINES**

**4/24/97**

**(904)  
963-2007**

(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

Date

Daytime Phone #0001742

CR2E037 (9/96)