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Feb 12 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N96000000772 (1)

1. Corporation Name

UNITED CHRISTIAN MISSIONARY BAPTIST CHURCH, INCO
RPORATION



Principal Place of Business

Mailing Address

7626 N.W. 7TH AVE.
MIAMI FL 33150

2370 N.W. 174th Terr
Miami, Fl. 33056

2. Principal Place of Business

2a. Mailing Address

21 7626 N.W. 7th Ave

26 2370 N.W. 174th Terr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Miami, Fl.

27 MIAMI, Fl.

City & State

City & State

23 33150

28 33056

Zip

Country

Zip

Country

24 25 Dade

29 33056 30 Dade

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified
02/09/1996

3a. Date of Last Report

4. FEI Number

65-065-1494

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

10. Name and Address of New Registered Agent

JACKSON, DENNIS M Rev. Dr
2370 N.W. 174TH TERR.
MIAMI FL 33056

81 Name

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

83

84 City

FL

85 Zip Code

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)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	Rev. Dr. <input type="checkbox"/> DELETE
NAME	JACKSON, DENNIS M CEO/President
STREET ADDRESS	2370 N.W. 174TH TERR.
CITY - ST - ZIP	MIAMI FL 33056
TITLE	D <input type="checkbox"/> DELETE
NAME	PICKARD, DANNIE L Director
STREET ADDRESS	16200 N.W. 18TH AVE.
CITY - ST - ZIP	MIAMI FL 33054
TITLE	BOSTIC, ED W <input type="checkbox"/> DELETE
NAME	Officer
STREET ADDRESS	3600 SOUTH STATE RD. 7
CITY - ST - ZIP	MIRAMAR FL 33023
TITLE	JACKSON, JERRY C <input type="checkbox"/> DELETE
NAME	Vice President
STREET ADDRESS	625 W. 74TH PLACE
CITY - ST - ZIP	HIALEAH FL
TITLE	SANON JOANNE B. <input type="checkbox"/> DELETE
NAME	Director
STREET ADDRESS	354 N.E. 89th St.
CITY - ST - ZIP	Miami, Fl. 33138
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
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 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, on an attachment with an address.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Rev. Dr. Dennis M. Jackson (305) 680-7319
1/19/97

Date

Daytime Phone # 0030831 36

CR2E037 (9/96)