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**FILED**  
**Feb 24, 1999 8:00 am**  
**Secretary of State**

02-24-1999 90106 026 \*\*\*\*61.25

0025677

**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N96000000772**

1. Corporation Name

**UNITED CHRISTIAN MISSIONARY BAPTIST CHURCH, INCO  
RPORATION**

Principal Place of Business

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

Mailing Address

2370 NW 174TH TERR  
MIAMI FL 33056  
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip Country

3. Date Incorporated or Qualified

02/09/1996

4. FEI Number

65-0651494

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

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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 **DCEO** ☐ DELETE

NAME **JACKSON, REV DR DENNIS**

STREET ADDRESS **2370 N.W. 174TH TERR.**

CITY-ST-ZIP **MIAMI FL 33056**

TITLE **D** ☐ DELETE

NAME **PICKARD, DANNIE L**

STREET ADDRESS **16200 N.W. 18TH AVE.**

CITY-ST-ZIP **MIAMI FL 33054**

TITLE **VPTD** ☐ DELETE

NAME **JACKSON, JERRY C**

STREET ADDRESS **625 W. 74TH PLACE**

CITY-ST-ZIP **HIALEAH FL**

TITLE **T** ☒ DELETE

NAME **SANON, JOANNE B**

STREET ADDRESS **354 NE 89TH ST**

CITY-ST-ZIP **MIAMI FL**

TITLE **T** ☐ DELETE

NAME **TICE, ROBERT**

STREET ADDRESS **1005 NW 123RD ST**

CITY-ST-ZIP **NORTH MIAMI FL 33168**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☒ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

**Cathrine Newbold**  
**1270 N.W. 95th St. Apt 215E**  
**Miami, FL 33147**

14. 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 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, with all other like empowered.

SIGNATURE:

**Rev. Dr. Dennis Jackson**

Date

Daytime Phone #

CR2E037 (1/98)

**Jan 14, 1999 305-836-2309**