

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000000890

FILED
Apr 30, 2005
Secretary of State

Entity Name: UNITED FAMILY BAPTIST CHURCH INC.

Current Principal Place of Business:

3031 NW 187 ST.
CAROL CITY, FL 33056

New Principal Place of Business:

Current Mailing Address:

3031 NW 187 ST.
CAROL CITY, FL 33056

New Mailing Address:

FEI Number: 65-0772534

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HAZEL, JAMES E
3031 NW 187 ST.
CAROL CITY, FL 33056 US

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: D () Delete
Name: BERNIER, VERNON
Address: 3425 NW 195 TERR
City-St-Zip: OPA LOCKA, FL 33056

Title: D () Delete
Name: GAYLE, DONNA
Address: 18722 N.W. 32 CT.
City-St-Zip: MIAMI, FL 33056

Title: D () Delete
Name: LAWRENCE, SYLVIA
Address: 2820 NW 160 ST.
City-St-Zip: OPA LOCKA, FL 33054

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:

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: SYLVIA LAWRENCE

D

04/30/2005

Electronic Signature of Signing Officer or Director

Date