

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

99 JUN 24 PM 3:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N96000001951**
1. Corporation Name **United Glorious Church of Christ, ND., Inc.**
2501 N.W. 8th Court - Bldg. 41, #1
Fort Lauderdale, Florida 33311

REINSTATEMENT 97-99

Principal Place of Business Mailing Address
United Glorious Church of Christ, ND., Inc.
643 N.W. 14th Way
Fort Lauderdale, Florida 33311

3. Date Incorporated or Qualified
October 26, 1994

4. FEI Number
65-07-45302

Applied For
Not Applicable

2. Principal Place of Business 2a. Mailing Address
21 **643 N.W. 14th Way** 26 **2501 N.W. 8th Court**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 **Bldg 41 - #1**
City & State City & State
23 **Fort Lauderdale, FL** 28 **Fort Lauderdale, FL**
Zip Country Zip Country
24 **33311** 25 **USA** 29 **33311** 30 **USA**

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

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30 ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
Nathaniel Williams
2501 N.W. 8th Court
Bldg 41 - #1
Fort Lauderdale, Florida 33311

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 ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

President/Corporate Officer
Nathaniel Williams
2501 N.W. 8th Court Bldg 41 - #1
Fort Lauderdale, Florida 33311

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

Secretary/Director
Joyce A. Williams
2501 N.W. 8th Court Bldg 41 #1
Fort Lauderdale, Florida 33311

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

Treasurer
George Campbell
3481 N.W. 4th Court
Fort Lauderdale, Florida 33311

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

Director
Donald Curtis
510 N.W. 30th Avenue
Fort Lauderdale, Florida 33311

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

Director
John Brown **646 NW 14th way**
Fort Lauderdale, Florida 33311

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

Director
Carolyn Doe
591 N.W. 34th Terrace
Fort Lauderdale, Florida 33311

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

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.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE _____ DAYTIME PHONE # _____

CR2E037 (10/97)

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		FILED 99 JUN 24 PM 3:31 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # N9600000951					
1. Corporation Name UNITED GLORIOUS CHURCH OF CHRIST, ND., INC 2501 N.W. 8 CT. BLDG. 41 #1 FT. LAUD., FL. 33311					
Principal Place of Business UNITED GLORIOUS CHURCH OF CHRIST, ND. INC. 643 NW 14TH WAY FORT LAUDERDALE, FL. 33311			Mailing Address (Same as Principal Place of Business)		
If above addresses are incorrect in any way, line through incorrect information and enter correction below.					
2. New Principal Office Address, If Applicable Suite, Apt. #, etc. City & State Zip Country		3. New Mailing Office Address, If Applicable Suite, Apt. #, etc. City & State Zip Country		4. Date Incorporated or Qualified To Do Business in Florida OCT. 26, 1994 5. FEI Number 65-07-45302 6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)					
1	2	3	4	5	6
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip		
P/C	NATHANIEL WILLIAMS	2501 NW 8 CT. Bldg. 41 #1	FT. LAUD., FL. 33311		
S/D	Joyce A. Williams	2501 N.W. 8 CT. Bldg. 41 #1	FT. LAUD., FL. 33311		
T	GEORGE CAMPBELL	3481 NW 4TH CT.	FT. LAUD., FL. 33311		
D	DONALD CURTIS	510 NW 30TH AVE.	FT. LAUD., FL. 33311		
D	JOHN BROWN	646 NW 14 Way	FT. LAUD., FL. 33311		
D	CAROLYN DOE	591 NW 34TH TERR.	FT. LAUD., FL. 33311		
8. Name and Address of Current Registered Agent NATHANIEL WILLIAMS 2501 NW 8 CT. Bldg. 41 #1 FT. LAUD., FL. 33311			9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State Zip Code FL		
10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. Signature of Registered Agent <i>[Signature]</i> REGISTERED AGENT MUST SIGN Date _____					
11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> (See other side for information on intangible tax.)					
12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.					
SIGNATURE: <i>[Signature]</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date _____ Day/Time Phone # _____					

CR2E040 (1/98)