

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000003594

FILED  
Jan 03, 2007  
Secretary of State

Entity Name: FIRST UNITED SMALL PRINT HOLINESS, INC.

## Current Principal Place of Business:

% PAUL MOSS PRESIDENT  
5410 NW 14 AVE  
MIAMI, FL 33142

## New Principal Place of Business:

## Current Mailing Address:

% PAUL MOSS PRESIDENT  
5410 NW 14 AVE  
MIAMI, FL 33142

## New Mailing Address:

FEI Number: 65-0760916

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

MOSS, PAUL E  
120 NW 41ST ST  
MIAMI, FL 33127 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: P ( ) Delete  
Name: MOSS, PAUL E  
Address: 120 NW 41ST STREET  
City-St-Zip: MIAMI, FL 33127 US

Title: V/D ( ) Delete  
Name: NOTTAGE, CALLIE M  
Address: 501 NW 44TH STREET  
City-St-Zip: MIAMI, FL 33127 US

Title: T/D ( ) Delete  
Name: MOSS, MARY  
Address: 120 NW 41ST STREET  
City-St-Zip: MIAMI, FL 33127 US

Title: S/D ( ) Delete  
Name: STRICKLAND, VANESSA M  
Address: 125-S ROLLING HILL DR  
City-St-Zip: TARVIERNIER, FL 33070 US

Title: M ( ) Delete  
Name: MOSS, ANTHONY C  
Address: 120 N W 41ST STREET  
City-St-Zip: MIAMI, FL 33127 US

## 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:

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 Chapter 119, 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: CALLIE M. NOTTAGE

V/D

01/03/2007

Electronic Signature of Signing Officer or Director

Date