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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N96000003764

1. Corporation Name
OFFICERS UNITED FOR CHRIST MINISTRIES, INC.

Principal Place of Business 1601 NW 52ND STREET MIAMI FL 33142	Mailing Address 1601 NW 52ND STREET MIAMI FL 33142
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2. Principal Place of Business 21 4065 NW 17th AVE	2a. Mailing Address 26 P.O. Box 420026	3. Date Incorporated or Qualified 07/15/1996
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 65-0681687
City & State 23 MIAMI, FLORIDA	City & State 28 MIAMI, FLORIDA	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
Zip 24 33142	Country 25 USA	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
Zip 29 33142	Country 30 USA	

9. Name and Address of Current Registered Agent

BEMBRY, ORLANDO
 1601 NW 52ND STREET
 MIAMI FL 33142

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PDCH	<input type="checkbox"/> DELETE
NAME	BEMBRY, ORLANDO	
STREET ADDRESS	1601 NW 52ND STREET	
CITY-ST-ZIP	MIAMI FL 33142	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	BEMBRY, SONJA	
STREET ADDRESS	1601 NW 52ND ST	
CITY-ST-ZIP	MIAMI FL 33142	
TITLE	S	<input type="checkbox"/> DELETE
NAME	MAYES, TARA	
STREET ADDRESS	1227 NW 29TH ST	
CITY-ST-ZIP	MIAMI FL 33142	
TITLE	T	<input type="checkbox"/> DELETE
NAME	DANIELS, BETTY	
STREET ADDRESS	1601 NW 52ND ST	
CITY-ST-ZIP	MIAMI FL 33142	
TITLE	MD	<input checked="" type="checkbox"/> DELETE
NAME	HARRIS, WILLIE	
STREET ADDRESS	1227 NW 29TH ST	
CITY-ST-ZIP	MIAMI FL 33142	
TITLE	MD	<input checked="" type="checkbox"/> DELETE
NAME	HARRIS, GAIL	
STREET ADDRESS	1227 NW 29TH ST	
CITY-ST-ZIP	MIAMI FL 33142	

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 checked="" type="checkbox"/> Addition
5.2 NAME	CUSHNIE, TINA
5.3 STREET ADDRESS	13941 SW 158th ST
5.4 CITY-ST-ZIP	MIAMI, FLORIDA 33177
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	CUSHNIE, ALVIN
6.3 STREET ADDRESS	13941 SW 158th ST
6.4 CITY-ST-ZIP	MIAMI, FLORIDA 33177

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: _____ Date _____ Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (1/98)