## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1**9**98

POCUMENT #

N97000003914 (5)

UNITED CHRISTIAN FELLOWSHIP OUTREACH, INC.

Principal Place of Business Mailing Address 4819 NW 183RD ST. 4819 NW 183RD ST.

MIAMI FL 33056				MIAMI FL 33056			07/07/1997			
		-					4. FEI Number	_	Applied For	
		ż					65-076830	D	Not Applicable	
2. 21	Principal Place		W 183rdsf.	26. Maiting Address 26. 48DI N.W.	183	rdsf.	5. Certificate of Status Desired		\$8.75 Additional Fee Required	
22	Suite, Apt. #,	etc.		Suite, Apt. #, etc.			Election Campaign Financing     Trust Fund Contribution		\$5.00 May Be Added to Fees	
23	City & State	State : City & State : City & State : AMI, Florida			ida	7. Is this nonprofit corporation a homeowners association?  Yes No				
24	<sup>Zip</sup> <b>3</b> ろく	56	Country S. A.	29 33056	Country 30 U -	S. A.	This corporation owes or has parent Personal Property Tax due June	_	rent year Intangible Yes <b>IZ</b> No	
	Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent				
					81	Name				
HOOKER, STEVE R SR. 20001 NW 44TH AVE.					82	82 Street Address (P.O. Box Number is Not Acceptable)				
	MIAMI FL				B3					
		- Control of			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.									

agent. I am illar 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)												
12,			required when reinstaling)  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS I	INI 40								
	OFFICERS AND DIRECTORS	13.										
TITLE	Dr. S. S. C. C. DELETE	1.1 TITLE 💍	SOCIAL ACTIVITIES Change	<b>M</b> Addition								
NAME	ALLEN HORGSON	1.2 NAME	Karla Downs, 1									
STREET ADDRESS	5840 N.W. 18th Pl. #1	1.3 STREET ADDRESS	4501 10:00-0183M Sty									
CITY-ST-ZIP	SUNCIAL 144. 33313	1.4 CITY-ST-ZIP	miani 184. 33056									
TITLE	SECRETARY DELETE	2.1 TITLE	ASST. SOUHL Activities Change	Addition								
NAME	REHOIRO KADNIN	2.2 NAME	ESTELA Bartice									
STREET ADDRESS	5840 N.W. 16401. #1	2.3 STREET ADDRESS	4801 N.W. 1837									
CITY-ST-ZIP	BUNKLON, Tel: 335/3	2. 4 CITY - ST- ZIP	mioni, H. 33016									
TITLE	ASS. SECRETARY DELETE	3.1 TITLE	VOCAL Change	Addition								
NAME	ERICA 1. HOOKER	3.2 NAME	GLENN QUINN, 1									
STREET ADDRESS	50001 NIN 14 AVE	3.3 STREET ADDRESS	4801 10.00. 483MS									
CITY-ST-ZIP	mian IFP. 33169	3.4. CITY+ST-ZIP	miani, 41.33016									
TITLE	ADMINISTRATOR DELETE	4.1 TITŁE	MINISTRY Change	Addition								
NAME	STEVE R. HOOKER SR.	4.2 NAME ()	JENGIEE Hodgion.									
STREET ADDRESS	2000/ N.W. 14 Mile	4.3 STREET ADDRESS	4801 N.W. 1831 a.S.									
CITY-ST-ZIP	Missni, FR. 33169	4.4 CITY-ST-ZIP	Miani 191. 33056									
TITLE	188 ADMINISTRADE DELETE	5.1 TITLE	PASTOR   Change	Addition								
NAME	REbina Hodgion	5.2 NAME	Bro. ERVIN DOWNS	<b>&gt;</b>								
STREET ADDRESS	\$540 N.W. 16WPL. #1	5.3 STREET ADDRESS	4501 N.W653 H St.									
CITY-ST-ZIP	SUNKISC, Fl. 333/3	5.4 CITY-ST-ZIP	(111/mil 171 330 15									
TITLE	NOCAL DELETE	6.1 TH LE	Change [	Addition								
NAME	WAVER CAMPBIELD	6.2 NAME										
STREET ADDRESS	4801 N.W. 18/31A SA	6.3 STREET ADDRESS	N. 100	_								
	11 14 70 300 CT		1310192 No delic	·								

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.

01/00/98 (301) 912-4965

**FILED** 

Jun 30 1998 8:00am

Secretary of State