

FILE NOW: FILING FEE IS \$61.25

FILED

Jun 18 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N97000005441 (7)**

1. Corporation Name

**UPWARD BOUND CHRISTIAN CENTER INC.**

Principal Place of Business <b>6027 NW 22 AVE MIAMI FL 33142</b>	Mailing Address <b>6027 NW 22 AVE MIAMI FL 33142</b>
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2. Principal Place of Business <b>21 14435 N.W. 7 Ave</b>	2a. Mailing Address <b>28 14435 N.W. 7 Ave</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State <b>23 Miam, Florida</b>	City & State <b>27 Miam, Florida</b>
Zip <b>24 33168</b>	Country <b>25 Dade</b>
Country <b>29 33168</b>	Country <b>30 Dade</b>

3. Date Incorporated or Qualified <b>09/24/1997</b>
4. FEI Number
<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent <b>JONES, SAMUEL L 11250 SW 163 ST MIAMI FL 33157</b>	10. Name and Address of New Registered Agent <b>81 Name Samuel L Jones 82 Street Address (P.O. Box Number is Not Acceptable) 641 S.W. 99 Ave 83 Pembroke Pines 84 City Pembroke Pines FL 85 Zip Code 33025</b>
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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 Samuel L Jones (NOTE: Registered Agent signature required when reinstating) DATE Apr. 1 22-98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>P</b>	<input type="checkbox"/> DELETE	1.1 TITLE <b>P.D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>JONES, SAMUEL L</b>		1.2 NAME <b>SAMUEL L Jones</b>	
STREET ADDRESS <b>11250 SW 163 ST</b>		1.3 STREET ADDRESS <b>641 S.W. 99 Ave</b>	
CITY-ST-ZIP <b>MIAMI FL 33157</b>		1.4 CITY-ST-ZIP <b>Pembroke Pines 33025</b>	
TITLE <b>V</b>	<input type="checkbox"/> DELETE	2.1 TITLE <b>V.D</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>BURKE, ELAINE</b>		2.2 NAME <b>Elaine Burke</b>	
STREET ADDRESS <b>641 SW 99 AVE</b>		2.3 STREET ADDRESS <b>641 S.W. 99 Ave</b>	
CITY-ST-ZIP <b>PEMBROKE PINES FL 33025</b>		2.4 CITY-ST-ZIP <b>Pembroke Pines FL 33025</b>	
TITLE <b>ST</b>	<input checked="" type="checkbox"/> DELETE	3.1 TITLE <b>ST-D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>LACUE, PAULENE</b>		3.2 NAME <b>CLARA MARTIN</b>	
STREET ADDRESS <b>14740 TYLER ST</b>		3.3 STREET ADDRESS <b>16251 N.W. 37 Pl</b>	
CITY-ST-ZIP <b>MIAMI FL 33176</b>		3.4 CITY-ST-ZIP <b>Miam, FL 33054</b>	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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:

Samuel L Jones

Apr. 1 22-98 (305) 685-6585

CR2E037 (10/97)