


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90222 028 ****61.25

DOCUMENT # N99000001102 1. Entity Name UNITED CHRISTIAN OUTREACH MINISTRIES, INC.					
Principal Place of Business 680 NW 52ND ST. MIAMI, FL 33142			Mailing Address 7630 NW 14TH AVE MIAMI, FL 33167		
2. Principal Place of Business <i>6248 N.W. 15th AVE</i>			3. Mailing Address		
Suite, Apt. #, etc. <i>Miami</i>			Suite, Apt. #, etc.		
City & State <i>Miami, FL</i>			City & State		
Zip <i>33147</i>		Country <i>Dade</i>		Zip	
Country		4. FEI Number 65-0861433			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GLENN, JOHNNY L 7630 NW 14TH AVE. MIAMI, FL 33147			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City		
8. 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. I am familiar with, and accept the obligations of registered agent.			Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)		
Filling Fee is \$61.25 Due by May 1, 2004			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP GLENN, JOHNNY 7630 NW 14TH AVE. MIAMI, FL 33167	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Johnny Glenn 1800 N.W. 81ST Miami, FL 33147
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PETERSON, LAWRENCE 277 NE 116TH ST. MIAMI, FL 33161	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Peterson, Lawrence 7630 N.W. 14th AVE. Miami, FL 33147
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV SMITH, XAVIER 6212 SW 26TH ST. MIRAMAR, FL 33023	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV Smith, Xavier 6520 SW 30th Miramar, FL 33023
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ROBERTS, LINDA 4931 NW 11TH AVE. MIAMI, FL 33127	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Lawrence Peterson</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date: <i>4/13/04</i> Daytime Phone #: <i>(305) 691-3279</i>		