


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Sep 01, 2006 08:00 AM
Secretary of State

DOCUMENT # N99000001102 1. Entity Name UNITED CHRISTIAN OUTREACH MINISTRIES, INC.	
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Principal Place of Business 6248 NW 15TH AVE MIAMI, FL 33147	Mailing Address 7630 NW 14TH AVE MIAMI, FL 33167
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DO NOT WRITE IN THIS SPACE



08292006 No Chg-NP CR2E037 (4/06)

4. FEI Number 65-0861433	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" 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**

**DO NOT WRITE
IN THIS SPACE**

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

Filing Fee is \$61.25 Due by September 6, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP GLENN, JOHNNY 1800 NW 81 ST MIAMI, FL 33147
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PETERSON, LAWRENCE 7600 NW 14TH AVE MIAMI, FL 33147
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV SMITH, XAVIER 6520 SW 30 STREET MIRAMAR, FL 33023
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ROBERTS, LINDA 4931 NW 11TH AVE. MIAMI, FL 33127
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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09/01/06-80007-015 70.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Lawrence Peterson **LAWRENCE PETERSON** 8/29/06 305-691-3279
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #