

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT #

1. Entity Name

United Christian Coalition
NG9000001678

FILED

02 MAY 31 AM 9:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3280 W. Broward Blvd
Suite, Apt. #, etc.

3. Mailing Address

777 South St. Rd. 7
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Ft. Lauderdale, Fl.

City & State

Margate, Fl

4. FEI Number

31-165 0148

Applied For

Not Applicable

Zip

33312

Country

Broward

Zip

33068

Country

Broward

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Marcus L Neloms

Street Address (P.O. Box Number is Not Acceptable)

614 Laurel Way

North Lauderdale, FL

City

FL

Zip Code

33068

**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.

SIGNATURE

Pres. Marcus L Neloms

Pres. Marcus L Neloms

(NOTE: Registered Agent signature required when reinstating)

DATE

3/16/02

FEE IS \$61.25
Initial or Amended UBR

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP
PD. Marcus L Neloms
614 Laurel Way
N. Lauderdale, Fl. 33068

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP
300005766273--3
-06/13/02--01081--001
*****122.50 *****122.50

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP
VD. Agnes Rivers
2410 N.W. 137 Terrace
Sunrise, Fl. 33323

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP
112.50 - AR
10.00 - ARATS

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP
DT. Lennie O. Gaskins
1760 N.W. 36th Terr.
Ft. Lauderdale, Fl. 33311

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP
**DO NOT WRITE
IN THIS SPACE**

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP
5. Vivian Kemp
3910 N.W. 177 Street
Carol City, Fl. 33055

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP
300005766273--3
-06/13/02--01081--002
*****8.75 *****8.75

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Pres. Marcus L Neloms

CR2E037B (12/01)