

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90617 001 *****8.75
04-28-2004 90617 002 *****61.25

DOCUMENT # N99000001678

1. Entity Name
UNITED CHRISTIAN COALITION, INC.



Principal Place of Business
**3280 W. BROWARD BLVD.
FT. LAUDERDALE, FL 33311**

Mailing Address
**777 SOUTH TATE ROAD 7
MARGATE, FL 33068**

2. Principal Place of Business

3. Mailing Address

777 South State Rd. 7

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04242004 Chg-NP CR2E037 (10/03)

City & State

City & State
Margate, Florida

4. FEI Number
31-1650148

Applied For
Not Applicable

Zip

Country

Zip
33068

Country
Broward

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**NELOMS, MARCUS L
614 LAUREL WAY
N. LAUDERDALE, FL 33068**

*Address Change
Please Correct
Neloms, Marcus L
2617 Arbor Lane
Royal Palm Beach, FL 33068*

Name

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

City

FL

Zip Code

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 **Marcus L. Neloms**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/26/04

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$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	PD NELOMS, MARCUS L 614 LAUREL WAY N. LAUDERDALE, FL 33068	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD RIVERS, ANGES 3013 NW 6TH ST. FT. LAUDERDALE, FL 33311	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT GASKINS, LENIE O 1760 NW 33RD TERR. FT. LAUDERDALE, FL 33311	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Neloms, Marcus L 2617 Arbor Lane Royal Palm Bch, FL 33411	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>Address Change</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Rivers, Agnes 2410 N.W. 137 Terr. Sunrise, FL 33323	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>Address Change</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Gaskins, Lennie O. 1760 N.W. 36th Terr. Ft. Lauderdale, FL 33311	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>Address Change</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **Lennie O. Gaskins** **4/26/04**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #