2000 UNIFORM BUSINESS REPORT (UBS)

5

DOCUMENT # N99000001755

1. Entity Name

UNITED CHRISTIAN FELLOWSHIP ASSOCIATION INC.

FILED
Jul 18, 2000 8:00 am
Secretary of State
05-30-2000 90094 041 ****70.00

Principal Place of Business	Mailing Address
~~640 NW 49TH ST.~~ 765 NW 54 ST. MIAMI FL 33127	~~640 NW 49TH ST.~~ 970 NE 177 ST N. MIAMI BEACH ~~MIAMI FL 33127-2330~~ ZIP 33162

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
765 NW 54th STREET	970 NE 177th STREET
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIAMI FLORIDA	City & State: NORTH MIAMI BEACH FL.
Zip: 33127 Country: USA	Zip: 33162 Country: USA

4. FEI Number: 65-0210944 ☑ Applied For ☐ Not Applicable

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
WOODSIDE, ELEANOR L ~~640 NW 49TH ST.~~ 970 NE 177 ST MIAMI FL 33127 N-MIAMI BEACH FL 33162	Name: REV ELEANOR L WOODSIDE Street Address (P.O. Box Number is Not Acceptable): 970 NE 177th STREET City: NORTH MIAMI BEACH FL Zip Code: 33162

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: REV. ELEANOR L WOODSIDE Eleanor Woodside 5/2/00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25	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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CHIEF EXEC. DIRECTOR REV. BERNARD G WOODSIDE 970 NE 177 STREET N MIAMI FL 33162	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	EXECUTIVE DIRECTOR REV. ELEANOR L WOODSIDE 970 NE 177 STREET NMB FL 33162	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SECRETARY EDNA NELSON 645 NW 49 ST MIAMI FL 33127	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TREASURER DEACON - ATANAS MICHEL 8418 NW 24 AVE. MIAMI FL 33147	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/99)

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: REV. BERNARD G WOODSIDE 305-655-3597
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 5/2/00 Daytime Phone #