

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 02, 2001 8:00 am**  
**Secretary of State**

07-02-2001 90001 001 \*\*\*\*70.00

**DOCUMENT # N99000001755**

1. Entity Name

**UNITED CHRISTIAN FELLOWSHIP ASSOCIATION INC.**

Principal Place of Business

Mailing Address

765 NW 54TH STREET  
 MIAMI FL 33127

970 NE 177TH STREET  
 MIAMI FL 33162

2. Principal Place of Business

765 NW 54th ST. MIAMI

3. Mailing Address

970 NE 177th St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

N MIAMI BEACH

City & State

MIAMI FL

City & State

N MIAMI BEACH

Zip

33127

Country

DADE

Zip

33162

Country

DADE

6. Name and Address of Current Registered Agent

WOODSIDE, ELEANOR L  
 970 NE 177TH STREET  
 MIAMI FL 33162

7. Name and Address of New Registered Agent

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.

SIGNATURE

REV. ELEANOR L WOODSIDE

Eleanor Woodside

6-20-01

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

TITLE D ☐ Delete  
 NAME WOODSIDE, BERNARD  
 STREET ADDRESS 970 NE 177 STREET  
 CITY-ST-ZIP MIAMI FL 33162

TITLE D ☐ Delete  
 NAME WOODSIDE, ELEANOR  
 STREET ADDRESS 970 NE 177TH STREET  
 CITY-ST-ZIP MIAMI FL 33162

TITLE S ☐ Delete  
 NAME NELSON, EDNA  
 STREET ADDRESS 645 NW 49 STREET  
 CITY-ST-ZIP MIAMI FL 33127

TITLE T ☐ Delete  
 NAME DEACON, MICHEL  
 STREET ADDRESS 8418 NW 24 AVE  
 CITY-ST-ZIP MIAMI FL 33147

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: REV. BERNARD REWOODSIDE

Eleanor Woodside

6/20/01

CR2E037 (10/00)