2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 21, 2004 8:00 am
Secretary of State
07-21-2004 90024 015 ****70.00

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DOCUMENT # N99000001755

1. Entity Name
UNITED CHRISTIAN FELLOWSHIP ASSOCIATION INC.

Principal Place of Business	Mailing Address
765 NW 54TH STREET MIAMI, FL 33127	765 NW 54TH STREET MIAMI, FL 33127

07062004 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
765 NW 54 STREET	P. O. BOX 640195
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIAMI Fla.	City & State: N. MIAMI BEACH Fla.
Zip: 33127 Country: MIAMI-DADE	Zip: 33164 Country: MIAMI-DADE

4. FEI Number: 65-1021094 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

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: ELEANOR WOODSIDE
Street Address (P.O. Box Number is Not Acceptable): 235 NE 175 TRR
City: N 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Eleanor Woodside Eleanor Woodside 7/7/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by September 8, 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	D WOODSIDE, BERNARD 970 NE 177 STREET MIAMI, FL 33162	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TREASURER JUANITA WOODSIDE 235 NE 175 TRR N MIAMI B. 33162	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WOODSIDE, ELEANOR 970 NE 177TH STREET MIAMI, FL 33162	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S NELSON, EDNA 645 NW 49 STREET MIAMI, FL 33127	☐ 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
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

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: _____ 7/7/04 305-962-9733
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #