

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000002497

FILED
Apr 30, 2004
Secretary of State

Entity Name: UNITED PEOPLE COUNSELING MINISTRY SERVICES, INC

Current Principal Place of Business:

10705 S.W. 216TH STREET UNIT D-219
MIAMI, FL 33170

New Principal Place of Business:

Current Mailing Address:

PO BOX 4183
HOMESTEAD, FL 33092

New Mailing Address:

FEI Number: 31-1652429

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BAILEY, MAURA
10705 SW 216TH ST
UNIT D-219
GOULDS, FL 33170 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BAILEY, VIVIAN
Address: 10705 S.W. 216TH STREET UNIT D-219
City-St-Zip: MIAMI, FL 33170

Title: D () Delete
Name: BAILEY, MAURA
Address: 10705 S.W. 216TH STREET UNIT D-219
City-St-Zip: MIAMI, FL 33170

Title: D (X) Delete
Name: CRAPPS, KAREN
Address: 10705 S.W. 216TH STREET UNIT D-219
City-St-Zip: MIAMI, FL 33170

Title: S (X) Delete
Name: JAMES, TANIA
Address: 10705 S.W. 216TH STREET UNIT D-219
City-St-Zip: MIAMI, FL 33170

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: BAILEY, MAURA
Address: 10705 S.W. 216TH STREET UNIT D-219
City-St-Zip: MIAMI, FL 33170

Title: S (X) Change () Addition
Name: BAILEY, TANIA
Address: 10705 S.W. 216 STREET UNIT D219
City-St-Zip: GOULDS, FL 33170

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MAURA BAILEY

DR.

04/30/2004

Electronic Signature of Signing Officer or Director

Date