

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 769405

Entity Name: UNITED PENTECOSTAL CHURCH INC.**Current Principal Place of Business:**2104 NW 152ND TERRACE
OPA LOCKA, FL 33054**Current Mailing Address:**18050 NW 36TH AVENUE
MIAMI GARDEN, FL 33056**FEI Number:** 59-2469307**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**HARRIS, CHARLENE
18050 NW 36 AVE
MIAMI GARDENS, FL 33056 US*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**Officer/Director Detail :**

Title	PD
Name	HARRIS, CHARLENE
Address	18050 NW 36 AVE
City-State-Zip:	MIAMI GARDENS FL 33056

Title	D
Name	FRANCOIS, VILIA
Address	580 JANN AVE
City-State-Zip:	OPA LOCKA FL 33054

Title	T
Name	QUINN, DEYAUNA Q
Address	3215 SW 52 AVE
City-State-Zip:	HOLLYWOOD FL 33023

Title	D
Name	WILLIAMS, BRUCELIA
Address	10010 NW 7 CT # A
City-State-Zip:	MIAMI FL 33150

Title	SD
Name	WILLIAMS, SHARTONYA SELENE
Address	18050 N.W 36 AVE
City-State-Zip:	MIAMI GARDENS FL 33056

Title	C
Name	FARMER, BEVERLY
Address	495 NW 71 ST #703
City-State-Zip:	MIAMI FL 33150

I hereby 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 all other like empowered.

SIGNATURE: CHARLENE HARRIS**PASTOR****01/16/2016**_____
Electronic Signature of Signing Officer/Director Detail_____
Date