

2020 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:** Yes**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 SECRETARY
Name QUINN, DEYAUNA Q
Address 3215 SW 52 AVE
City-State-Zip: HOLLYWOOD FL 33023

Title DEACON
Name JEKINS, WILLIE
Address 2966 NW 132 ST
511
City-State-Zip: OPA LOCKA FL 33054

Title DEACONESS
Name WILLIAMS, BRUCELIA
Address 2966 NW 132 ST
#511
City-State-Zip: OPA LOCKA FL 33054

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

Title C
Name FARMER, BEVERLY
Address 7001 NW 15 AVE
#6
City-State-Zip: MIAMI FL 33147

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****01/17/2020**

Electronic Signature of Signing Officer/Director Detail

Date