

**2024 FLORIDA NOT FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# N21000010407

**Entity Name:** UNITED FELLOWSHIP OF FAITH INC.

**Current Principal Place of Business:**

129 NORTH STATE ROAD 7  
PLANTATION, FL 33317

**Current Mailing Address:**

129 NORTH STATE ROAD 7  
PLANTATION, FL 33317 US

**FEI Number:** 87-4019267

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

LAGREE, MARC J  
129 NORTH STATE ROAD 7  
PLANTATION, FL 33317 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:** MARC J LAGREE

03/27/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            LAGREE, MARC  
Address        129 NORTH STATE ROAD 7  
City-State-Zip: PLANTATION FL 33317

Title            VP  
Name            THOMPSON, LISA  
Address        530 ALABAMA AVENUE  
City-State-Zip: FORT LAUDERDALE FL 33312

Title            TREASURER  
Name            BOOKER, BRENDA  
Address        545 NW 46TH TERRACE  
City-State-Zip: PLANTATION FL 33317

Title            ASST. TREASURER  
Name            WALKER, NETELLA  
Address        6913 SUNSET STRIP  
City-State-Zip: SUNRISE FL 33313

Title            SECRETARY  
Name            WILSON, NASSTASSIA  
Address        515 NW 34TH STREET  
                  APT 210  
City-State-Zip: POMPANO BEACH FL 33064

Title            DIRECTOR  
Name            SESSION, SHIRLEY  
Address        539 ALABAMA AVENUE  
City-State-Zip: FORT LAUDERDALE FL 33312

Title            DIRECTOR  
Name            BOOKER, AARON SR.  
Address        545 NW 46TH TERRACE  
City-State-Zip: PLANTATION FL 33317

*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:** MARC LAGREE

**PRESIDENT**

03/27/2024

Electronic Signature of Signing Officer/Director Detail

Date