

2001 UNIFORM BUSINESS REPORT (UBR)

2/2

FILED
Mar 29, 2001 8:00 am
Secretary of State

02-28-2001 90138 039 ****61.25

DOCUMENT # 742835

1. Entity Name

COUPLES UNITED IN CHRIST, INC.

Principal Place of Business

Mailing Address

ON 314A, 3 1/4 MILES S. OF RT 40
 4005 S. HWY. 314-A
 OKLAWAHA FL 32179
 US

ON 314A, 3 1/4 MILES S. OF RT 40
 4005 S. HWY. 314-A
 OKLAWAHA FL 32179
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1828135

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WEINHEIMER, FRANCES
4005 S. HWY. 314-A
OKLAWAHA FL 32179

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

Frances Weinheimer

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	SMITH, HORACE	
STREET ADDRESS	4417 W SEVILLA ST.	
CITY-ST-ZIP	TAMPA FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	WEINHEIMER, ELMER J	
STREET ADDRESS	4005 S. HWY. 314-A	
CITY-ST-ZIP	OKLAWAHA FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	WALTERS, GEORGE	
STREET ADDRESS	7505 NESTING PLACE CT.	
CITY-ST-ZIP	TAMPA FL	
TITLE	STD	<input type="checkbox"/> Delete
NAME	WEINHEIMER, FRANCES W	
STREET ADDRESS	4005 S. HWY. 314-A	
CITY-ST-ZIP	OKLAWAHA FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	WALTERS, MICKEY	
STREET ADDRESS	7505 NESTING PLACE CT.	
CITY-ST-ZIP	TAMPA FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Rev. Elmer J. Weinheimer*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-15-01 352 2252399

CR2E037 (10/00)