
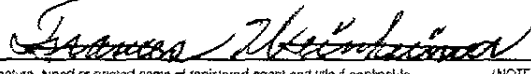
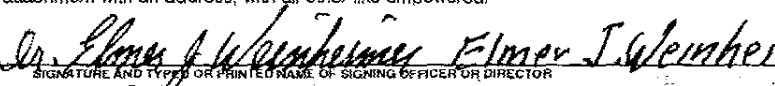


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 28, 2007 08:00 AM
Secretary of State

DOCUMENT # 742835 1. Entity Name COUPLES UNITED IN CHRIST, INC.			
Principal Place of Business 1016 NE 21 ST TERRACE OCALA FL 34470 US		Mailing Address 1016 NE 21ST TERRACE OCALA FL 34470 US	
2. Principal Place of Business - No P.O. Box # 1016 NE 21ST TERR. Suite, Apt #, etc. Ocala, FL. City & State		3. Mailing Address Suite, Apt. #, etc. City & State	
Zip 34470		Country MARION	
4. FEI Number 59-1828135		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		1st MOORE CR2E037 (10/06) \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WEINHEIMER, FRANCES 1016 NE 21ST TERRACE OCALA FL 34470		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City State: 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE:  <small>Signature typed or printed name of registered agent and title if applicable.</small>		DATE: 3-27-07 <small>(NOTE: Registered Agent signature required when reinstating)</small>	
FILE NOW: FEE IS \$61.25 Due By May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD WEINHEIMER, ELMER J 4005 S. HWY. 314-A OKLAWAHA FL	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition U00000881710 04/04/07-80055-018 61.25
TITLE	D WALTERS, GEORGE 7505 NESTING PLACE CT. TAMPA FL	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	STD WEINHEIMER, FRANCES W 4005 S. HWY. 314-A OKLAWAHA FL	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D WALTERS, MICKEY 7505 NESTING PLACE CT. TAMPA FL	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		DATE: 3-27-07 Daytime Phone #: 352-867-9801	