


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # 742835 1. Entity Name COUPLES UNITED IN CHRIST, INC.	
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FILED
Aug 08, 2008 08:00 AM
Secretary of State



Principal Place of Business 1016 NE 21 ST TERRACE OCALA FL 34470 US	Mailing Address 1016 NE 21ST TERRACE OCALA FL 34470 US
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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2nd MOORE CR2E037 (4/08)

City & State Zip Country	City & State Zip Country
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4. FEI Number 59-1828135	Applied For <input type="checkbox"/> Not Applicable
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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 FL Zip Code
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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
 Due By September 3, 2008**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE	NAME		
STREET ADDRESS	UN00000957306		
CITY-ST-ZIP	08/08/08-80003-011 61.25		
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: *Frances Weinheimer* 8-5-08 362 8179501