


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90362 036 ****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

1016 N.E. 21ST TERRACE **1016 N.E. 21ST TERRACE**

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

OCALA FL. **OCALA FL**

Zip Country Zip Country

34470 **MARION** **34470** **MARION**



CHECK HERE IF MAKING CHANGES

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

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

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Frances Weinheimer* **WEINHEIMER, FRANCES** **4-12-03**

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 Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, HORACE 4417 W SEVILLA ST. TAMPA FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WEINHEIMER, ELMER J 4005 S. HWY. 314-A OKLAWAHA FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WALTERS, GEORGE 7505 NESTING PLACE CT. TAMPA FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Elmer J. Weinheimer* **ELMER J. WEINHEIMER** **4-12-03** **352-867-980**

CR2E037 (10/02)