



# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED  
05 JUN 20 PM 12: 21  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

|   |                                    |  |   |
|---|------------------------------------|--|---|
| DOCUMENT # N02000004271   |                                    |                             |   |
| 1. Entity Name<br>UNITED IN CHRISTIAN FELLOWSHIP, INC.  |                                    |  |   |
| Principal Place of Business<br>806 ST. JOHN AVENUE<br>PALATKA, FL 32177   |                                    | Mailing Address<br>C/O DURWOOD L MOORE SR<br>132 CABLE TOWER RD<br>PALATKA, FL 32177                         |   |
| 2. Principal Place of Business<br><i>806 ST JOHN AVE</i>  |                                    | 3. Mailing Address<br><i>P.O. Box 310</i>  |   |
| Suite, Apt. #, etc.   |                                    | Suite, Apt. #, etc.  |   |
| City & State<br><i>PALATKA FL</i>   |                                    | City & State<br><i>PALATKA FL</i>  |   |
| 4. FEI Number<br>55-0799597   |                                    | Applied For<br>Not Applicable  |   |
| 5. Certificate of Status Desired <input type="checkbox"/>   |                                    | \$8.75 Additional Fee Required   |   |
| 6. Name and Address of Current Registered Agent<br>MOORE, DURWOOD L SR.<br>132 CABLE TOWER ROAD<br>PALATKA, FL 32177  |                                    | 7. Name and Address of New Registered Agent  |   |
|   |                                    | Name   |   |
|   |                                    | Street Address (P.O. Box Number is Not Acceptable)   |   |
|   |                                    | City   |   |
|   |                                    | <b>FL</b> 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: <i>Durwood L Moore Sr</i>  |                                    | <i>6/18/05</i>   |   |
| Signature, typed or printed name of registered agent and title if applicable.   |                                    | (NOTE: Registered Agent signature required when reinstating) DATE  |   |
| Filing Fee is \$61.25<br>Due by September 7, 2005   |                                    | 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   | P <input type="checkbox"/> Delete  | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME  | MOORE, DURWOOD L SR                | NAME   |   |
| STREET ADDRESS  | 132 CABLE TOWER ROAD               | STREET ADDRESS   |   |
| CITY-ST-ZIP   | PALATKA, FL 32177                  | CITY-ST-ZIP  |   |
| TITLE   | S <input type="checkbox"/> Delete  | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME  | MOORE, ETHEL M                     | NAME   |   |
| STREET ADDRESS  | 806 ST. JOHN AVENUE                | STREET ADDRESS   |   |
| CITY-ST-ZIP   | PALATKA, FL 32177                  | CITY-ST-ZIP  |   |
| TITLE   | VD <input type="checkbox"/> Delete | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME  | MOORE, DENNIS                      | NAME   |   |
| STREET ADDRESS  | 137 CHERRY                         | STREET ADDRESS   |   |
| CITY-ST-ZIP   | PALATKA, FL 32177                  | CITY-ST-ZIP  |   |
| TITLE   | D <input type="checkbox"/> Delete  | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME  | WATERS, WILLIAM N                  | NAME   |   |
| STREET ADDRESS  | 363 WEST RIVER RD                  | STREET ADDRESS   |   |
| CITY-ST-ZIP   | PALATKA, FL 32177                  | CITY-ST-ZIP  |   |
| TITLE   | D <input type="checkbox"/> Delete  | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME  | BECK, DOUGLAS                      | NAME   |   |
| STREET ADDRESS  | 103 BERRY AVENUE                   | STREET ADDRESS   |   |
| CITY-ST-ZIP   | INTERLACHEN, FL 32148              | CITY-ST-ZIP  |   |
| TITLE   | <input type="checkbox"/> Delete    | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME  |                                    | NAME   |   |
| STREET ADDRESS  |                                    | STREET ADDRESS   |   |
| CITY-ST-ZIP   |                                    | 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: <i>Durwood L Moore Sr</i>  |                                    | <i>6/18/05</i>   |   |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  |                                    | Date Daytime Phone #   |   |

  
05-26-05 01026 004 \$70.00  
06022005 Chg-NP CR2E037 (10/03)

*DR 6/20*