

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


FILED
Jun 23, 2003 8:00 am
Secretary of State

5/5

05-05-2003 90336 012 ****61.25

DOCUMENT # N02000004271

1. Entity Name
UNITED IN CHRISTIAN FELLOWSHIP, INC.



Principal Place of Business
**101 SESAME STREET,
PALATKA FL 32177**

Mailing Address
**C/O DURWOOD L MOORE SR
132 CABLE TOWER RD
PALATKA FL 32177**

00040040

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

Zip Country Zip Country

4. FEI Number
55-0799597

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent
**MOORE, DURWOOD L SR
132 CABLE TOWER ROAD
PALATKA FL 32177**

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 *Durwood L Moore Sr* **Durwood L Moore Sr #29-03**

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MOORE, DURWOOD L SR 132 CABLE TOWER ROAD PALATKA FL 32177	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST COLLINS, DAVID K 121 PINE TREE ROAD PALATKA FL 32177	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MOORE, DURWOOD L JR 1474 NORTH HIGHWAY 17 GREEN COVE SPRINGS FL 32043	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARTLETT, LEON D 108 ANSLEY LANE PALATKA FL 32177	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BECK, DOUGLAS 103 BERRY AVENUE INTERLACHEN FL 32148	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAYES, JAMES R 812 OAK STREET PALATKA FL 32177	<input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MOORE, DURWOOD L SR 132 CABLE TOWER RD PALATKA, FL 32177	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY OWANITA PRITCHETT 104 CREEK LA. PALATKA FL 32177	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MOORE DENNIS B 137 CHERRY PALATKA, FL 32177	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	WILLIAM A. WATERS 363 WEST RIVER RD. PALATKA FL 32177	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BECK DOUGLAS 103 BERRY AVE. INTERLACHEN FL 32148	<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: *Durwood L Moore Sr* **Durwood L Moore Sr** **4/29/03** **386-328-0159**

Signature and typed or printed name of signing officer or director Daytime Phone #

CR2E037 (10/02)