2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Jul 20, 2005 8:00 am **Secretary of State DOCUMENT # 742835** 1. Entity Name 07-20-2005 90027 023 ****61.25 COUPLES UNITED IN CHRIST, INC. Principal Place of Business Mailing Address 1016 NE 21 ST TERRACE 4005 S. HWY. 314-A 1016 NE 21 ST TERRACE OCALA FL 34470 OCALA FL 34470 3. Mailing Address 2. Principal Place of Business 10 ILNE DIST, TENDER Suite, Apt. #, etc. CR2E037 (10/04) 1st MOORE City & State 4. FEI Number Applied For 59-1828135 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WEINHEIMER, FRANCES Street Address (P.O. Box Number is Not Acceptable) 1016 NE 21 ST Tem 4005 S. HWY. 314-A OKLAWAHA FL 32179 OCALA, FX.34470 Zip Code FL 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 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 Make Check Payable to \$5.00 мау Ве Trust Fund Contribution. Due By May 1, 2005 Added to Fees Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. HILE Delete TITLE Change ☐ Addition WEINHEIMER, ELMER J MAME NAME 4005 S. HWY. 314-A STREET ADDRESS STREET ADDRESS OKLAWAHA FL CITY-ST-ZIP CITY-ST-ZIP THLE Delete ☐ Change ☐ Addition WALTERS, GEORGE NAME 7505 NESTING PLACE CT. STREET ADDRESS STREET ADDRESS TAMPA FL CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change ☐ Addition WEINHEIMER, FRANCES W NAME NAME 4005 S. HWY. 314-A STREET ADDRESS STREET ADDRESS OKLAWAHA FL CITY - S1 - ZIP CITY-ST-ZIP FITLE ☐ Defete TITLE ☐ Change ☐ Addition WALTERS, MICKEY NAME NAME 7505 NESTING PLACE CT. STREET ADDRESS STREET ADDRESS TAMPA FL CITY - ST - ZIP CITY-ST-ZIP BHE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY ST-7IP

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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.