

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 742835

FILED  
Jan 06, 2009  
Secretary of State

**Entity Name:** COUPLES UNITED IN CHRIST, INC.

**Current Principal Place of Business:**

1016 NE 21 ST TERRACE  
OCALA, FL 34470 US

**New Principal Place of Business:**

**Current Mailing Address:**

1016 NE 21ST TERRACE  
OCALA, FL 34470 US

**New Mailing Address:**

**FEI Number:** 59-1828135

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WEINHEIMER, FRANCES  
1016 NE 21ST TERRACE  
OCALA, FL 34470 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: WEINHEIMER, ELMER J,  
Address: 4005 S. HWY. 314-A  
City-St-Zip: OKLAWAHA, FL

Title: D ( ) Delete  
Name: WALTERS, GEORGE,  
Address: 7505 NESTING PLACE CT.  
City-St-Zip: TAMPA, FL

Title: STD ( ) Delete  
Name: WEINHEIMER, FRANCES, W  
Address: 4005 S. HWY. 314-A  
City-St-Zip: OKLAWAHA, FL

Title: D ( ) Delete  
Name: WALTERS, MICKEY,  
Address: 7505 NESTING PLACE CT.  
City-St-Zip: TAMPA, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ELMER J. WEINHEIMER

DR.

01/06/2009

Electronic Signature of Signing Officer or Director

Date