

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
**ON 314A, 3 1/4 MILES S. OF RT 40
4005 S. HWY. 314-A
OKLAWAHA FL 32179
US**

Mailing Address
**ON 314A, 3 1/4 MILES S. OF RT 40
4005 S. HWY. 314-A
OKLAWAHA FL 32179
US**

2. Principal Place of Business
1016 N.E. 21ST TERRACE
Suite, Apt. #, etc.

3. Mailing Address
1016 N.E. 21ST TERRACE
Suite, Apt. #, etc.

City & State
OCALA FL.

City & State
OCALA FL

4. FEI Number **59-1828135**

Applied For
Not Applicable

Zip
34470

Country
MARION

Zip
34470

Country
MARION

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

4-12-03
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 **D** ☒ Delete
NAME **SMITH, HORACE**
STREET ADDRESS **4417 W SEVILLA ST.**
CITY-ST-ZIP **TAMPA FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **PD** ☐ Delete
NAME **WEINHEIMER, ELMER J**
STREET ADDRESS **4005 S. HWY. 314-A**
CITY-ST-ZIP **OKLAWAHA FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **WALTERS, GEORGE**
STREET ADDRESS **7505 NESTING PLACE CT.**
CITY-ST-ZIP **TAMPA FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **STD** ☐ Delete
NAME **WEINHEIMER, FRANCES W**
STREET ADDRESS **4005 S. HWY. 314-A**
CITY-ST-ZIP **OKLAWAHA FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **WALTERS, MICKEY**
STREET ADDRESS **7505 NESTING PLACE CT.**
CITY-ST-ZIP **TAMPA FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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: *Elmer J. Weinheimer* **ELMER J. WEINHEIMER** **4-12-03 352 867 980**

CR2E037 (10/02)