

**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 23, 2007 8:00 am**  
**Secretary of State**

02-23-2007 90025 048 \*\*\*\*70.00

<b>DOCUMENT # N00000000763</b>	
1. Entity Name <b>PARTNERS IN CHRIST UNITED MINISTRIES, INC.</b>	

**60018477**



Principal Place of Business 168 PARKLAND DR. LAKE PLACID, FL 33852	Mailing Address 168 PARKLAND DR. LAKE PLACID, FL 33852
--	--

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
--------------	--------------

Zip	Country	Zip	Country
-----	---------	-----	---------

02192007 Chg-NP CR2E037 (12/06)

4. FEI Number 65-0973792	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
--	--------------------------------

<b>6. Name and Address of Current Registered Agent</b>
BARFIELD, WANDA S 168 PARKLAND DR. LAKE PLACID, FL 33852

<b>7. Name and Address of New Registered Agent</b>
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 Wanda S. Barfield DATE 2.20.07  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25 Due by May 1, 2007**

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD BARFIELD, WANDA <input type="checkbox"/> Delete 168 PARKLAND DRIVE LAKE PLACID, FL 33852
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BARFIELD, JESSICA <input type="checkbox"/> Delete 168 PARKLAND DRIVE LAKE PLACID, FL 33852
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HUNTER, TASHA <input type="checkbox"/> Delete 446 NW 10TH STREET HOMESTEAD, FL 33030
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Hunter, Tasha <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 908 NW 3rd Ave. Okeechobee, FL 34972
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Wanda Barfield Wanda Barfield DATE 2.20.07 DAYTIME PHONE # (863) 465-7519  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #