2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2009
Secretary of State

DOCUMENT# N00000000763

Entity Name: PARTNERS IN CHRIST UNITED MINISTRIES, INC.

Current Principal Place of Business:

168 PARKLAND DR.
LAKE PLACID, FL 33852

New Principal Place of Business:

Current Mailing Address:

168 PARKLAND DR.
LAKE PLACID, FL 33852

New Mailing Address:

FEI Number: 65-0973792 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

BARFIELD, WANDA S
168 PARKLAND DR.
LAKE PLACID, FL 33852 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: VTD ( ) Delete
Name: BARFIELD, WANDA
Address: 168 PARKLAND DRIVE
City-St-Zip: LAKE PLACID, FL 33852

Title: S ( ) Delete
Name: BARFIELD, JESSICA
Address: 168 PARKLAND DRIVE
City-St-Zip: LAKE PLACID, FL 33852

Title: D ( ) Delete
Name: HUNTER, TASHA
Address: 446 NW 10TH STREET
City-St-Zip: HOMESTEAD, FL 33030

Title: ( ) Delete
Name:
Address:
City-St-Zip:

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: D ( ) Change (X) Addition
Name: BARFIELD, WILLIAM L 3RD
Address: 168 PARKLAND DRIVE
City-St-Zip: LAKE PLACID, FL 33852

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: WANDA BARFIELD VTD 04/18/2009

Electronic Signature of Signing Officer or Director — Date