

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000000763

FILED  
Feb 23, 2010  
Secretary of State

**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  
**Name:** BARFIELD, WANDA  
**Address:** 168 PARKLAND DRIVE  
**City-St-Zip:** LAKE PLACID, FL 33852

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

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

**Title:** D  
**Name:** BARFIELD, WILLIAM L 3RD  
**Address:** 168 PARKLAND DRIVE  
**City-St-Zip:** LAKE PLACID, FL 33852

I hereby 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 all other like empowered.

**SIGNATURE:** WANDA BARFIELD

VTD

02/23/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date