

2002 UNIFORM BUSINESS REPORT (UBR)

8/1

FILED
Sep 08, 2002 8:00 am
Secretary of State

08-13-2002 90227 017 ****61.25

DOCUMENT # NO1000007720

1. Entity Name

UNITED BELIEVERS IN CHRIST, INC.

Principal Place of Business

**27064 CHURCH ROAD
 BROOKSVILLE FL 34602**

Mailing Address

**27064 CHURCH ROAD
 BROOKSVILLE FL 34602**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3519713

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**DIXON, JAMES A BISHOP
 27064 CHURCH ROAD
 BROOKSVILLE FL 34602**

7. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**After September 13, 2002,
 min. will be \$236.25.**

9. Election Campaign Financing
 Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
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TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Bishop James A Dixon	
STREET ADDRESS	27064 Church Rd.	
CITY-ST-ZIP	Brooksville FL 34602	
TITLE	Bishop	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Orlin Pride - Vice-President	
STREET ADDRESS	3459 Frosty Ln.	
CITY-ST-ZIP	Dallas TX 75241	
TITLE	Overseer-Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Pastor Rose Taylor	
STREET ADDRESS	317 White Star Ln.	
CITY-ST-ZIP	Dallas TX 75217-6772	
TITLE	Executive Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Minister Rose Taylor	
STREET ADDRESS	11650 Mc Cuely #1934	
CITY-ST-ZIP	Dallas Tx 75238	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

[Signature]

7-23-02

Date

Daytime Phone #

CR2E037 (4/02)