


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 19, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT #</b> N01000007720	
<b>1. Entity Name</b> UNITED BELIEVERS IN CHRIST, INC.	

<b>Principal Place of Business</b> 27064 CHURCH ROAD BROOKSVILLE, FL 34602	<b>Mailing Address</b> 27064 CHURCH ROAD BROOKSVILLE, FL 34602
--	--



04152004 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

<b>4. FEI Number</b> 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

**DO NOT WRITE  
IN THIS SPACE**

**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 consenting)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2004**

**9. Election Campaign Financing**  
Trust Fund Contribution. ☐

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

U00000119090  
04/19/04-80087-005 61 25

**10. OFFICERS AND DIRECTORS**

<b>TITLE</b>	D
<b>NAME</b>	BISHOP, JAMES A
<b>STREET ADDRESS</b>	27064 CHURCH RD
<b>CITY-ST-ZIP</b>	BROOKSVILLE, FL 34602

<b>TITLE</b>	VPD
<b>NAME</b>	PRIDE, ORLIN
<b>STREET ADDRESS</b>	3459 FROSTY LN
<b>CITY-ST-ZIP</b>	DALLAS, TX 75241

<b>TITLE</b>	OTD
<b>NAME</b>	TAYLOR, PASTER R
<b>STREET ADDRESS</b>	317 WHITE STAR LN
<b>CITY-ST-ZIP</b>	DALLAS, TX 752176772

<b>TITLE</b>	ESD
<b>NAME</b>	TAYLOR, MINISTER R
<b>STREET ADDRESS</b>	11650 MCCUELY #1934
<b>CITY-ST-ZIP</b>	DALLAS, TX 75238

<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

**DO NOT WRITE  
IN THIS SPACE**

**12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

4-15-04 352-565-2799  
Date Daytime Phone #