

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 22, 2008 8:00 am
Secretary of State

05-22-2008 90017 022 ****61.25

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05202008 Chg-NP CR2E037 (12/06)

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|--|---|--|--|--|--|
| DOCUMENT # N01000007720 1. Entity Name UNITED BELIEVERS IN CHRIST, INC. | | | | | |
| Principal Place of Business 800 LEE ST WILDWOOD, FL 34785 | | | Mailing Address POB 649 LAKE PANASOFFKEE, FL 33538 | | |
| 2. Principal Place of Business - No P.O. Box # 5428 Berrien Ave | | 3. Mailing Address 5428 Berrien Ave | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State Spring Hill FL | | City & State Spring Hill FL | | 4. FEI Number 59-3519713 | |
| Zip 34608 | | Country | | Applied For Not Applicable | |
| Zip 34608 | | Country | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent DIXON, JAMES A BISHOP 800 LEE ST WILDWOOD, FL 34785 | | | | 7. Name and Address of New Registered Agent Name Dixon, James A Street Address (P.O. Box Number is Not Acceptable) 5428 Berrien Ave City Spring Hill FL Zip Code 34608 | |
| 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 <u><i>James A Dixon</i></u> (NOTE: Registered Agent signature required when reinstating) DATE _____ <small>Signature, typed or printed name of registered agent and date if applicable.</small> | | | | | |
| Filing Fee is \$61.25 Due by September 12, 2008 | | 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 | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D BISHOP, JAMES A 5428 BERRIEN AVE SPRING HILL, FL 34608 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | VPD PRIDE, ORLIN 3459 FROSTY LN DALLAS, TX 75241 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D KNIGHT, RAYMOND 27120 CHURCH RD BROOKSVILLE, FL 34602 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | (Empty) | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | (Empty) | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | (Empty) | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | (Empty) | <input type="checkbox"/> Delete | | | |
| 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: <u><i>James A Dixon</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | | | |
| Date _____ Daytime Phone # _____ | | | | | |