

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jul 02, 2007 8:00 am
Secretary of State

07-02-2007 90035 032 ****61.25

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1. Entity Name

UNITED IN CHRISTIAN FELLOWSHIP, INC.



Principal Place of Business

806 ST. JOHN AVENUE
PALATKA FL 32177

Mailing Address

P.O. BOX 310
PALATKA FL 32178

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

55-0799597

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MOORE, DURWOOD L SR.
132 CABLE TOWER ROAD
PALATKA FL 32177

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

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	MOORE, DURWOOD L SR	
STREET ADDRESS	132 CABLE TOWER ROAD	
CITY - ST - ZIP	PALATKA FL 32177	
TITLE	S	<input type="checkbox"/> Delete
NAME	MOORE, ETHEL M	
STREET ADDRESS	806 ST. JOHN AVENUE	
CITY - ST - ZIP	PALATKA FL 32177	
TITLE	VP	<input type="checkbox"/> Delete
NAME	MOORE, DENNIS	
STREET ADDRESS	137 CHERRY	
CITY - ST - ZIP	PALATKA FL 32177	
TITLE	D	<input type="checkbox"/> Delete
NAME	WATERS, WILLIAM N	
STREET ADDRESS	363 WEST RIVER RD	
CITY - ST - ZIP	PALATKA FL 32177	
TITLE	D	<input type="checkbox"/> Delete
NAME	MOOR, LISA C	
STREET ADDRESS	137 CHERRY	
CITY - ST - ZIP	PALATKA FL 32177	
TITLE	ALLEN BLUNT DIRECTOR	<input type="checkbox"/> Delete
NAME	120 W. HAVKOT DR.	
STREET ADDRESS	PALATKA FL 32177	
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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	
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	
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 exemptions contained in Section 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: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #