FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 AM 8:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N29747** **(5)**

1. Corporation Name

UNITED CHRISTIAN AID CORPORATION OF FLORIDA

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
4916 JOHNSON HILL LANE MARIANNA FL 32446	4916 JOHNSON HILL LANE MARIANNA FL 32446

3. Date Incorporated or Qualified: **12/15/1988**

3a. Date of Last Report: **03/29/1994**

4. FEI Number: **NOT APPLICABLE** ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21 | 2a. Mailing Address 26

Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27

City & State 23 | City & State 28

Zip 24 | Country 25 | Zip 29 | Country 30

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
HARTSFIELD, IDUS C. 3820 CAVERNS RD. MARIANNA FL 32446	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: _____ Date

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	11 TITLE	☐ Change ☐ Addition
NAME	MYRICK, SHEPHARD	12 NAME	
STREET ADDRESS	395 OLD US RD.	13 STREET ADDRESS	
CITY ST ZIP	MARIANNA FL	14 CITY ST ZIP	
TITLE	DVP	21 TITLE	☐ Change ☐ Addition
NAME	WILSON, LEROY	22 NAME	
STREET ADDRESS	3751 OLD US RD.	23 STREET ADDRESS	
CITY ST ZIP	MARIANNA FL	24 CITY ST ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	SMITH, K.W.	32 NAME	
STREET ADDRESS	P.O. BOX 36 (N/A)	33 STREET ADDRESS	
CITY ST ZIP	MALONE FL	34 CITY ST ZIP	
TITLE	DT	41 TITLE	☐ Change ☐ Addition
NAME	BRYANT, ARTHUR	42 NAME	
STREET ADDRESS	310 S. DAVIS STREET	43 STREET ADDRESS	
CITY ST ZIP	MARIANNA FL	44 CITY ST ZIP	
TITLE	DS	51 TITLE	☐ Change ☐ Addition
NAME	JOHNSON, ROBERT	52 NAME	
STREET ADDRESS	3916 JOHNSON HILL RD.	53 STREET ADDRESS	
CITY ST ZIP	MARIANNA FL	54 CITY ST ZIP	
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	SMITH, P.	62 NAME	
STREET ADDRESS	P.O. BOX 36 (N/A)	63 STREET ADDRESS	
CITY ST ZIP	MALONE FL	64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sec tion 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Robert Johnson Robert Johnson 04-26-95 904-482-2733

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number

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