

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **N29747** (5)
1. Corporation Name
UNITED CHRISTIAN AID CORPORATION OF FLORIDA



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

3. Date Incorporated or Qualified **12/15/1988** 3a. Date of Last Report **05/01/1995**
4. FEI Number **NOT APPLICABLE** Applied For ☐ Not Applicable ☐
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 24 Country 28 Zip 29 Country 30

9. Name and Address of Current Registered Agent

HARTSFIELD, IDUS C.
3820 CAVERNS RD.
MARIANNA FL 32446

10. Name and Address of New Registered Agent

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE **IDUS C. HARTSFIELD**

(NOTE: Registered Agent signature required when reinstating)

DATE

02-28-96

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	MYRICK, SHEPHARD	
STREET ADDRESS	395 OLD US RD.	
CITY-ST-ZIP	MARIANNA FL	
TITLE	DVP	<input type="checkbox"/> DELETE
NAME	WILSON, LEROY	
STREET ADDRESS	3751 OLD US RD.	
CITY-ST-ZIP	MARIANNA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SMITH, K.W.	
STREET ADDRESS	P.O. BOX 36 (N/A)	
CITY-ST-ZIP	MALONE FL	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	BRYANT, ARTHUR	
STREET ADDRESS	310 S. DAVIS STREET	
CITY-ST-ZIP	MARIANNA FL	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	JOHNSON, ROBERT	
STREET ADDRESS	3916 JOHNSON HILL RD.	
CITY-ST-ZIP	MARIANNA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SMITH, P.	
STREET ADDRESS	P.O. BOX 36 (N/A)	
CITY-ST-ZIP	MALONE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Robert B. Johnson

025 30-28-96 904-452-2733

CR2E037 (12/95)