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Mar 03 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N29747 (5)
1. Corporation Name
UNITED CHRISTIAN AID CORPORATION OF FLORIDA



Principal Place of Business 4916 JOHNSON HILL LANE MARIANNA FL 32446	Mailing Address 4916 JOHNSON HILL LANE MARIANNA FL 32446-8010
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3. Date Incorporated or Qualified 12/15/1988	3a. Date of Last Report 03/07/1996
4. FEI Number NOT APPLICABLE	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> 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 Country	28 Zip Country
24	29 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	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 *03/07/96*

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 38 (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 38 (N/A)
CITY-ST-ZIP	MALONE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 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 B Johnson* 964-482-7133
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/96)