FILE NOW: FILING FEE IS \$61.25

CORPORATION ANNUAL REPORT

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

NONPROFIT

FILED Feb 12 1998 8:00am Secretary of State

	1998	DIVISION OF COR	HPOHATIC	JN5	}	
DOCUMENT # N29747 (5) UNITED CHRISTIAN AID CORPORATION OF FLORIDA						Albu Álali Bláli Albu kizai
Principal Place of Business Mailing Address					SIAN SIAN BIEN BIEN AND	
4916 JOHNSON HILL LANE 4916 JOHNSON HILL LANE						
4916 JOHNSON HILL LANE 4916 JOHNSON HILL LANE MARIANNA FL 32446 MARIANNA FL 32446					3. Date Incorporated or Qualified	
					12/15/1988 4. FE) Number	Applied For
ı					NOT APPLICABLE	Not Applicable
2. Principal P	lace of Business	2a. Mailing Address			6. Certificate of Status Desired	\$8.75 Additional
21		26			o, Certificate of States Desired	Fee Required
	Suite, Apt. #, etc. Suite, Apt. #, etc.		•		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be
City & State		City & State			7. Is this nonprofit corporation a homeowners	Added to Fees
23	28				Yes No	
Zip	Country	Zip	Country		8. This corporation owes or has paid the curre	ent year intangible
24	25	29 30	<u></u>			Yes No
	9. Name and Address of Current	Registered Agent	81	Name	10. Name and Address of New Registered A	gent
1145505	ITI D. IDI IO O		"	Name		
HARTSFIELD, IDUS C.			82	Street Ad	ddress (P.O. Box Number is Not Acceptable)	
3820 CAVERNS RD. MARIANNA FL 32446			63			
i manakai di	MA FE 32440					7
			84	City	FL	85 Zip Code
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named of					orporation submits this statement for the purpose of controls board of directors. I becally account the appear	changing its registered
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Fiorida 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 HART	SFIELD.			01-	27-78
12.	Signature, typed or printed flame of red stored agen OFFICERS AND		13.	ni signature rec	adured when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND I	DIRECTORS IN 12
TITLE	DP	DELETE	1.1 TITLE			Change Addition
NAME	MYRICK, SHEPHARD		1.2 NAME	Į		Į,
STREET ADDRESS	395 OLD US RD.		1.3 STREET ADDRESS			ţ
CITY-ST-ZIP	MARIANNA FL		1.4 CITY - ST - ZIP			
TITLE			2.1 TITLE	- {	L	Change Addition
NAME OTROCT ADDRESS			2.2 NAME	ADDDECO		}
STREET ADDRESS CITY-ST-ZIP	541 m 344 44 4m		2.3 STREET 2 4 City-S			
TITLE			3.1 TITLE	1-EH		Change Addition
NAME			3.2 NAME			İ
STREET ADDRESS	P.O. BOX 36 (N/A)		3.3 STREET	ADDRESS		ì
CITY-ST-ZIP			3.4. CITY - S	T-ZIP		
TUTE	_ `		4.1 TITLE	1	L	Change Addition
NAME	BRYANT, ARTHUR		4. 2 NAME			ļ
STREET ADDRESS	310 S. DAVIS STREET		4.3 STREET			i
CITY-ST-ZIP TITLE	MARIANNA FL DS	DELETE	4.4 CITY-SI 5.1 TITLE	r-ZIP	T	Change Addition
NAME			5.2 NAME	-	_	
STREET ADDRESS	3916 JOHNSON HILL RD.		5.3 STREET	ADDRESS		j
CITY-ST-ZIP	MARIANNA FL 5.40		5.4 CITY-SI	•		
TITLE	D DELETE 6.1 T		6.1 YITLE			Change Addition
NAME	SMITH, P.		6.2 NAME	Į		
STREET ADDRESS	P.O. BOX 36 (N/A)		6.3 STREET	I		Ī
CITY-ST-ZIP	MALONE FL		6.4 CITY - S1	r-ZIP		

14. Thereby 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 supplimental 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.