

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N29747

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

FILED

Feb 19, 1999 8:00am
Secretary of State

02-19-1999 90038 001 *****61.25

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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		12/15/1988	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		NOT APPLICABLE	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		Trust Fund Contribution <input type="checkbox"/>	
24		29		Country	
25		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*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

02/01/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MYRICK, SHEPHARD	1.2 NAME	
STREET ADDRESS	395 OLD US RD.	1.3 STREET ADDRESS	
CITY-ST-ZIP	MARIANNA FL	1.4 CITY-ST-ZIP	
TITLE	DVP <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILSON, LEROY	2.2 NAME	
STREET ADDRESS	3751 OLD US RD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	MARIANNA FL	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, K.W.	3.2 NAME	
STREET ADDRESS	P.O. BOX 36 (N/A)	3.3 STREET ADDRESS	
CITY-ST-ZIP	MALONE FL	3.4 CITY-ST-ZIP	
TITLE	DT <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRYANT, ARTHUR	4.2 NAME	
STREET ADDRESS	310 S. DAVIS STREET	4.3 STREET ADDRESS	
CITY-ST-ZIP	MARIANNA FL	4.4 CITY-ST-ZIP	
TITLE	DS <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, ROBERT	5.2 NAME	
STREET ADDRESS	3916 JOHNSON HILL RD.	5.3 STREET ADDRESS	
CITY-ST-ZIP	MARIANNA FL	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, P.	6.2 NAME	
STREET ADDRESS	P.O. BOX 36 (N/A)	6.3 STREET ADDRESS	
CITY-ST-ZIP	MALONE FL	6.4 CITY-ST-ZIP	

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Robert Johnson 2-1-99 482-2733

CR2E037 (11/98)