

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N29747

1. Entity Name

~~UNITED CHRISTIAN AID CORPORATION OF FLORIDA~~

FILED
Feb 14, 2000 8:00 am
Secretary of State

02-14-2000 90006 049 ****61.25

Principal Place of Business

Mailing Address

4916 JOHNSON HILL LANE
MARIANNA FL 32446

4916 JOHNSON HILL LANE
MARIANNA FL 32446-8010

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
FEE IS \$61.25**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Robert Johnson* ROBERT JOHNSON

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-5-2000

Date Daytime Phone #

CR2E037 (9/99)