

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N29747

1. Entity 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

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 ☐ Delete
NAME MYRICK, SHEPARD *Houliand Hodge*
STREET ADDRESS 395 OLD US RD. *5817 Black Rd*
CITY-ST-ZIP MARIANNA FL *Marianna 7132446*

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DVP ☐ Delete
NAME WILSON, LEROY
STREET ADDRESS 3751 OLD US RD.
CITY-ST-ZIP MARIANNA FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME SMITH, K.W. *John Yaffa*
STREET ADDRESS P.O. BOX 36 (N/A) *5839 Klondike Rd*
CITY-ST-ZIP MALONE FL *Buxton 7132423*

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DT ☐ Delete
NAME BRYANT, ARTHUR *Nathaniel Williams*
STREET ADDRESS 310 S DAVIS STREET *4907 Bowers Rd*
CITY-ST-ZIP MARIANNA FL *Buxton 7132423*

TITLE ☐ Change ☒ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DS ☐ Delete
NAME JOHNSON, ROBERT
STREET ADDRESS 3916 JOHNSON HILL RD.
CITY-ST-ZIP MARIANNA FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME SMITH, P.
STREET ADDRESS P.O. BOX 36 (N/A)
CITY-ST-ZIP MALONE FL

TITLE ☐ Change ☐ 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 Hodge REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Feb 21, 2002 8:00 am
Secretary of State

02-21-2002 90126 045 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)

1-36 - 2002