2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Oct 22, 2004
Secretary of State

DOCUMENT# N29747

Entity Name: UNITED CHRISTIAN AID CORPORATION OF FLORIDA

Current Principal Place of Business:

4916 JOHNSON HILL LANE
MARIANNA, FL 32446

New Principal Place of Business:

Current Mailing Address:

4916 JOHNSON HILL LANE
MARIANNA, FL 32446

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	DP	( ) Delete
Name:	HODGE, HOWARD	
Address:	5817 BLACK RD.	
City-St-Zip:	MARIANNA, FL 32446	
Title:	DVP	( ) Delete
Name:	WILSON, LEROY,	
Address:	3751 OLD US RD.	
City-St-Zip:	MARIANNA, FL	
Title:	D	( ) Delete
Name:	GRIFFIN, JOHN	
Address:	5839 KLONDIKE RD.	
City-St-Zip:	BASCOM, FL 32423	
Title:	DT	( ) Delete
Name:	WILLIAMS, NATHANIEL	
Address:	4907 BOWERS RD.	
City-St-Zip:	BASCOM, FL 32423	
Title:	DS	( ) Delete
Name:	JOHNSON, ROBERT,	
Address:	3916 JOHNSON HILL RD.	
City-St-Zip:	MARIANNA, FL	
Title:	D	( ) Delete
Name:	SMITH, P.,	
Address:	P.O. BOX 36 (N/A)	
City-St-Zip:	MALONE, FL	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: IDUS C. HARTSFIELD RA 10/22/2004
Electronic Signature of Signing Officer or Director — Date