

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 07, 2003 8:00 am**  
**Secretary of State**

03-07-2003 90094 040 \*\*\*\*61.25

**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

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

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **DP** ☐ Delete  
NAME **HODGE, HOWARD**  
STREET ADDRESS **5817 BLACK RD.**  
CITY-ST-ZIP **MARIANNA FL 32446**

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 **GRIFFIN, JOHN**  
STREET ADDRESS **5839 KLONDIKE RD.**  
CITY-ST-ZIP **BASCOM FL 32423**

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

TITLE **DT** ☐ Delete  
NAME **WILLIAMS, NATHANIEL**  
STREET ADDRESS **4907 BOWERS RD.**  
CITY-ST-ZIP **BASCOM FL 32423**

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 B Johnson* **ROBERT B JOHNSON**

03/10/2003 850 982-2733

CR2E037 (10/02)