SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 8, 1995.
AMOUNT DUE ON OR BEFORE 8/8/95: $155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $300)

NONPROFIT CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
95 JUL 25 AM 8:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N43042** **(3)**

1. Corporation Name
UNITED IN SPIRIT CHRISTIAN CENTER, INC.

Principal Place of Business	Mailing Address
1277 N PAUL DR INVERNESS FL 34451 US	P O BOX 1467 INVERNESS FL 34451-467 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/17/1991
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-3091530 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ **FILING FEE IS $61.25**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

SMALL, WESLEY T.
8951 E SWEETWATER DR
INVERNESS FL 34650

10. Name and Address of New Registered Agent

81 Name: REV. JACK STRINGER
82 Street Address (P.O. Box Number is Not Acceptable)
83: 920 N Sabal Palm Way
84 City: INVERNESS FL 85 Zip Code: 34453

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: Rev Jack Stringer 6/8/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	STRINGER, JACK F.	12 NAME	
STREET ADDRESS	2420 W BEAUMONT LN	13 STREET ADDRESS	
CITY-ST-ZIP	LECANTO FL	14 CITY-ST-ZIP	
TITLE	TD	21 TITLE	☐ Change ☐ Addition
NAME	SMALL, WESLEY T.	22 NAME	
STREET ADDRESS	8951 E SWEET WATER DR	23 STREET ADDRESS	
CITY-ST-ZIP	INVERNESS FL	24 CITY-ST-ZIP	
TITLE	VD	31 TITLE	☐ Change ☐ Addition
NAME	STRINGER, JANICE KAY	32 NAME	
STREET ADDRESS	2420 W BEAUMONT LN	33 STREET ADDRESS	
CITY ST ZIP	LECANTO FL	34 CITY-ST-ZIP	
TITLE	SD	41 TITLE	☐ Change ☐ Addition
NAME	SMALL, SALLY S.	42 NAME	
STREET ADDRESS	8951 E SWEETWATER DR	43 STREET ADDRESS	
CITY-ST-ZIP	INVERNESS FL	44 CITY-ST-ZIP	
TITLE		51 TITLE	Johnny Taylor - Board member/Elected ☐ Change ☐ Addition
NAME		52 NAME	Rt 1 Box 162-D
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY-ST-ZIP	OXFORD, FL 34484
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY-ST-ZIP	$ Deposited by Bank RC

CR2E037 (3/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: Rev Janice Stringer 6/8/95 904/637-5059
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0010220