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May 16 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # **N43042** (3)

1. Corporation Name

UNITED IN SPIRIT CHRISTIAN CENTER, INC.

Principal Place of Business

**1277 N PAUL DR
INVERNESS FL 34451
US**

Mailing Address

**P O BOX 1487
INVERNESS FL 34451-1487
US**

3. Date Incorporated or Qualified
04/17/1991

3a. Date of Last Report
05/01/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**REV. JACK STRINGER
920 N.SABAL PALM WAY
INVERNESS FL 34453**

81 Name

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

83

84 City

FL

85 Zip Code

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**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE

NAME **STRINGER, JACK F.**
STREET ADDRESS **2420 W BEAUMONT LN**
CITY-ST-ZIP **LECANTO FL**

TITLE **TD** ☐ DELETE

NAME **SMALL, WESLEY T.**
STREET ADDRESS **8951 E SWEET WATER DR**
CITY-ST-ZIP **INVERNESS FL**

TITLE **VD** ☐ DELETE

NAME **STRINGER, JANICE KAY**
STREET ADDRESS **2420 W BEAUMONT LN**
CITY-ST-ZIP **LECANTO FL**

TITLE **SD** ☐ DELETE

NAME **SMALL, SALLY S.**
STREET ADDRESS **8951 E SWEETWATER DR**
CITY-ST-ZIP **INVERNESS FL**

TITLE **B** ☐ DELETE

NAME **JOHNNY TAYLOR**
STREET ADDRESS **RT-1 BOX 162-D**
CITY-ST-ZIP **OXFORD FL 34484**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do 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 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:

Signature Required

Date

Daytime Phone # 00000000

CR2E037 (9/96)