


FILED
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90029 047 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N43042 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 1467 INVERNESS FL 34451-467 US		

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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/17/1991	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-3091530	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	Country	29	Country		

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 Rev. Janice Stringer		
				82	Street Address (P.O. Box Number is Not Acceptable) 920 N Sabal Palm Way		
				83	City Inverness, Fla. 34453		
				84	City	FL	85

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. Janice Stringer DATE 5-17-99
(NOTE: Registered agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	PD	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	STRINGER, JACK F.		Deceased	1.2 NAME	Stringer, Janice K.		
STREET ADDRESS	2420 W BEAUMONT LN			1.3 STREET ADDRESS	920 N Sabal Palm Way		
CITY-ST-ZIP	LECANTO FL			1.4 CITY-ST-ZIP	Inverness, Fla. 34453	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE	VD	<input type="checkbox"/> DELETE		2.1 TITLE	VD	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	STRINGER, JANICE KAY			2.2 NAME	Taylor, Johnny		
STREET ADDRESS	2420 W BEAUMONT LN			2.3 STREET ADDRESS	11287 NE 11th Way		
CITY-ST-ZIP	LECANTO FL			2.4 CITY-ST-ZIP	Oxford, JFla. 34484	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE	BD	<input type="checkbox"/> DELETE		3.1 TITLE	Treas.	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	JOHNNY TAYLOR			3.2 NAME	Small, Wesley T		
STREET ADDRESS	RT-1 BOX 162-D			3.3 STREET ADDRESS	3078-Augusta-De		
CITY-ST-ZIP	OXFORD FL 34484			3.4 CITY-ST-ZIP	Clearwater, Fla. 33761	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

14. 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 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 by an attachment with an address, with all other like empowered.

SIGNATURE: Rev. Janice Stringer DATE 4-28-99 DAYTIME PHONE # 352-637-5059
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (11/98)