

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N43042

1. Entity Name

UNITED IN SPIRIT CHRISTIAN CENTER, INC.

**FILED**  
**May 19, 2000 8:00 am**  
**Secretary of State**

05-19-2000 90045 029 \*\*\*\*61.25

Principal Place of Business

Mailing Address

1277 N PAUL DR  
INVERNESS FL 34451  
US

P O BOX 1467  
INVERNESS FL 34451-1467  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3091530

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STRINGER, JANICE REV.  
920 N.SABAL PALM WAY  
INVERNESS FL 34453

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.

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**  
**Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD  
NAME STRINGER, JANICE KAY  
STREET ADDRESS 920 N. SABL PALM WAY  
CITY-ST-ZIP INVERNESS FL 34453 ☐ Delete

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

TITLE VD  
NAME JOHNNY TAYLOR  
STREET ADDRESS 11287 NE 11 WAY  
CITY-ST-ZIP OXFORD FL 34484 ☐ Delete

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

TITLE T  
NAME SMALL, WESLEY T  
STREET ADDRESS 3078 AUGUSTA DR.  
CITY-ST-ZIP CLEARWATER FL 33761 ☐ Delete

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

TITLE  
NAME STOKES, BUDDY  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE D  
NAME STOKES, BUDDY  
STREET ADDRESS 7224 E. HAMPTON CT.  
CITY-ST-ZIP FLORAL CITY, FL 34436 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE D  
NAME BOWERS-LEE, THELMA  
STREET ADDRESS 115 NW CRYSTAL ST #5  
CITY-ST-ZIP Crystal River, FL 34428 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

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: **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)