

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 19, 2001 8:00 am**  
**Secretary of State**  
 04-19-2001 90100 006 \*\*\*\*61.25

**DOCUMENT # N43042**

1. Entity 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

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

**59-3091530**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name **Pastor Buddy Stokes**  
 Street Address (P.O. Box Number is Not Acceptable)  
**7224 E. Hampton Ct.**  
 City **Floral City** FL Zip Code **34436**

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 Pastor Buddy Stokes

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

*Buddy Stokes*

04/10/01

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STRINGER, JANICE KAY 920 N. SABL PALM WAY INVERNESS FL 34453	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD JOHNNY TAYLOR 11287 NE 11 WAY OXFORD FL 34484	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SMALL, WESLEY T 3078 AUGUSTA DR. CLEARWATER FL 33761	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STOKES, BUDDY 7224 E HAMPTON CT FLORAL CITY FL 34436	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOWERSLEE, THELMA 115 NW CRYSTAL ST 5 CRYSTAL RIVER FL 34428	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Pastor Buddy Stokes 7224 E. Hampton Ct. Floral City, FL 34436	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Johnny Taylor 11287 NE 11 Way Oxford, FL 34484	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary / Treasure Thelma Bowers 113 NW Crystal St. Crystal River, FL 34428	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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

*Buddy Stokes*

4/10/01

352-637-5059

CR2E037 (10/00)