

2002 UNIFORM BUSINESS REPORT (UBR)

5/28

FILED
Jul 01, 2002 8:00 am
Secretary of State

05-28-2002 91789 031 ****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

7. Name and Address of New Registered Agent

STOKES, BUDDY PASTOR
7224 E HAMPTON CT
FLORAL CITY FL 34438

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 **P** ☐ Delete
 NAME **STOKES, BUDDY PASTOR**
 STREET ADDRESS **7224 E HAMPTON COURT**
 CITY-ST-ZIP **FLORAL CITY FL 34438**

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

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

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

TITLE **ST** ☐ Delete
 NAME **BOWERS, THELMA**
 STREET ADDRESS **113 NW CRYSTAL ST**
 CITY-ST-ZIP **CRYSTAL RIVER FL 34428**

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

TITLE **D** ☒ Delete
 NAME **STOKES, BUDDY**
 STREET ADDRESS **7224 E HAMPTON CT**
 CITY-ST-ZIP **FLORAL CITY FL 34438**

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

TITLE **D** ☒ Delete
 NAME **BOWERSLEE, THELMA**
 STREET ADDRESS **115 NW CRYSTAL ST 5**
 CITY-ST-ZIP **CRYSTAL RIVER FL 34428**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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:

Buddy Stokes **BUDDY STOKES**

Date

5/1/02

Daytime Phone #

352/637-5059

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/01)