

FILE NOW: FILING FEE IS \$61.25

FILED

Jan 21 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N94000003302 (6)**

1. Corporation Name

**CHRISTIANS UNITED IN CHRIST, INC.**

Principal Place of Business

Mailing Address

**2421 WEST DOLPHIN DRIVE  
CITRUS SPRINGS FL 34434**

**2421 WEST DOLPHIN DRIVE  
CITRUS SPRINGS FL 34434**

3. Date Incorporated or Qualified

**06/30/1994**

4. FEI Number

**59-3271319**

Applied For

☐ Not Applicable

2. Principal Place of Business

2a. Mailing Address

**21**  
Suite, Apt. #, etc.

**26**  
Suite, Apt. #, etc.

**22**  
City & State

**27**  
City & State

**23**  
Zip

Country

**28**  
Zip

Country

**24**

**25**

**29**

**30**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BOSS, ROBERT C  
2421 WEST DOLPHIN DRIVE  
CITRUS SPRINGS FL 34434**

**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

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

(NOTE: Registered Agent signature required when reinstalling)

DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>BOSS, ROBERT C</b>	
STREET ADDRESS	<b>2421 WEST DOLPHIN DRIVE</b>	
CITY-ST-ZIP	<b>CITRUS SPRINGS FL 34434</b>	

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>WALKER, HAROLD</b>	
STREET ADDRESS	<b>2741 FAIRWAY LOOP</b>	
CITY-ST-ZIP	<b>CITRUS SPRINGS FL 34434</b>	

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>MONTGOMERY, ROCHELLE</b>	
STREET ADDRESS	<b>12409 HANDY TERRACE</b>	
CITY-ST-ZIP	<b>SOUTN DUNNELLON FL 34430</b>	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	

2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	

3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	

4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	

5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	

6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 on an attachment with an address.

SIGNATURE:

**ROBERT C BOSS**  
**SECRETARY**

**1-13-98**

**352-489-0018**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/97)