

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000001241

1. Entity Name

UNITY IN CHRIST MINISTRY, INC.

Principal Place of Business

Mailing Address

1053 S.R. 100
FLORAHOME FL 32140
US

P.O. BOX 345
FLORAHOME FL 32140-0345
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

59-3444555

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

CRAWFORD, JOHN R
225 WATER STREET
SUITE 900
JACKSONVILLE FL 32202

Name

Street Address (P.O. Box Number is Not Acceptable)

FL

Zip Code

8. The above named entity submits this statement for the

both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent a

DATE

FILE NOW:
FEE IS \$61.25

Make Check Payable to
Department of State

10. OFFICERS AND DIRE

ANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D
NAME SMALL, LARRY
STREET ADDRESS 1053 SR 100
CITY-ST-ZIP FLORAHOME FL 32140

☐ Change ☐ Addition

TITLE D
NAME WILLIAMS, GEORGE
STREET ADDRESS 735 AMBER JACKLIN DRIVE
CITY-ST-ZIP JACKSONVILLE FL 32233

☐ Change ☐ Addition

TITLE D
NAME SMALL, LINDA
STREET ADDRESS 1053 SR 100
CITY-ST-ZIP FLORAHOME FL 32140

☐ Delete

CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE D
NAME WILSON, DON
STREET ADDRESS 355 NW BEVEW AVENUE
CITY-ST-ZIP KEYSTONE HEIGHTS FL 32656

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE D
NAME SMITH, DEBRA
STREET ADDRESS 2401 ALANDALE
CITY-ST-ZIP MACON GA 31211

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ 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:

Richard Small
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-30-00

904 659-1773

Date

Daytime Phone #

CR2E037 (9/99)