

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000001241

1. Entity Name

UNITY IN CHRIST MINISTRY, INC.

Principal Place of Business

1053 S.R. 100
FLORAHOME FL 32140
US

Mailing Address

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

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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

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

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

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

TITLE ☐ Change ☐ Addition
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:

Signature Required

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
May 10, 2001 8:00 am
Secretary of State

05-10-2001 90207 046 *****61.25

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DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)