

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000004976

1. Entity Name

TOGETHER IN CHRIST, INC.

**FILED**  
**Mar 14, 2001 8:00 am**  
**Secretary of State**

03-14-2001 90007 015 \*\*\*\*61.25

Principal Place of Business

413 NIGHTHAWK LANE  
ST. AUGUSTINE FL 32084

32080

Mailing Address

413 NIGHTHAWK LANE  
ST. AUGUSTINE FL 32084

32080

00024686



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3403248

Applied For

Not Applicable

Zip

Country

Zip

Country

32080

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

DIFATO, JOSEPH  
413 NIGHT HAWK LANE  
ST AUGUSTINE FL 32084

32080

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PSTD  
DIFATO, JOSEPH C  
413 NIGHTHAWK LANE  
ST. AUGUSTINE FL 32084

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☒ Change ☐ Addition  
32080

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
BLUMBERG, MAURICE  
9009 NESBIT COURT  
MONTGOMERY VILLAGE MD

☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
HOWARD, G A  
13642 SHIPWATCH DRIVE  
JACKSONVILLE FL 32225

☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
CREIGHTON, CHARLES  
600 REED RD  
BROMALL PA

☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
EDWARDS, DAVID  
SUITE 1629; RIVERPLACE BLVD  
JACKSONVILLE FL

☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
JEFF SMITH  
9639 DR. Perry Rd  
Jacksonville MS 321754  
☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
SHEIRE, ROBERT  
1178 LAZY LAKE EAST  
DUNEDIN FL 34698

☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/8/01

Date

904-461-7606

Daytime Phone #

CR2E037 (10/00)