

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Feb 28, 2001 8:00 am  
Secretary of State**

02-28-2001 90097 036 \*\*\*\*61.25

**DOCUMENT # N98000003209**

1. Entity Name

**INTERNATIONAL OCCUPATIONAL THERAPISTS FOR CHRIST**

Principal Place of Business

**311 RACHELLE AVE  
#828  
SANFORD FL 32771**

Mailing Address

**P O BOX 390156  
DELTONA FL 32739**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

**59-3504028**

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

**CLINTON, MARCIA L  
311 RACHELLE AVE  
#828  
SANFORD FL 32771**

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

*Marcia L Clinton*

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

(NOTE: Registered Agent signature required when reinstating)

**1-10-01**

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	<b>P</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>CLINTON, MARCIA L</b>	
STREET ADDRESS	<b>311 RACHELLE AVE #828</b>	
CITY-ST-ZIP	<b>SANFORD FL 32771</b>	

TITLE	<b>President</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>J. Scott Worley</b>	
STREET ADDRESS	<b>1405 Brownlea Dr.</b>	
CITY-ST-ZIP	<b>Greenville, NC 27858</b>	

TITLE	<b>VD</b>	<input type="checkbox"/> Delete
NAME	<b>GENTRY, ERNIE</b>	
STREET ADDRESS	<b>203 MOODY RIDGE RD</b>	
CITY-ST-ZIP	<b>CLYDE NC 2872-1</b>	

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

TITLE	<b>SD</b>	<input type="checkbox"/> Delete
NAME	<b>HARLAN, KIRSTEN</b>	
STREET ADDRESS	<b>1149 MULBERRY LN, APT 39-D</b>	
CITY-ST-ZIP	<b>GREENVILLE SC 27858</b>	

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

TITLE	<b>TD</b>	<input type="checkbox"/> Delete
NAME	<b>PFISTER, LINDA J</b>	
STREET ADDRESS	<b>97 WINCHESTER DR</b>	
CITY-ST-ZIP	<b>WAYNESVILLE NC 28786</b>	

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

TITLE	<b>IR</b>	<input type="checkbox"/> Delete
NAME	<b>ABBOTT, CHRISTINE</b>	
STREET ADDRESS	<b>320 FOX RUN RD</b>	
CITY-ST-ZIP	<b>PINEHURST NC 28374</b>	

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

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

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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. **NO CHANGE IN STATUS.**

SIGNATURE:

*J. Scott Worley***J. SCOTT WORLEY****2/17/01 (252) 328-4414**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)