

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 24, 2002 8:00 am
Secretary of State

04-24-2002 90377 034 ****61.25

DOCUMENT # **N98000003209**

1. Entity Name

**INTERNATIONAL OCCUPATIONAL THERAPISTS
FOR CHRIST**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1405 BROWNLEA DRIVE

Suite, Apt. #, etc.

3. Mailing Address

P.O. BOX 3291

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

GREENVILLE, N.C.

Zip

27858

Country

U.S.A.

City & State

GREENVILLE, N.C.

Zip

27836

Country

U.S.A.

4. FEI Number

59-3504028

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

MARY BETH CRAIG-OATLEY

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

201 SUMMERHAZE COURT

City

ORMOND BEACH

FL

Zip Code

32174

**DO NOT WRITE
IN THIS SPACE**

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

**FEE IS \$61.25
Initial or Amended UBR**

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	P/D
NAME	J. SCOTT WORLEY
STREET ADDRESS	1405 BROWNLEA DRIVE
CITY-ST-ZIP	GREENVILLE, N.C. 27858
TITLE	V/D
NAME	ERNIE GENTRY
STREET ADDRESS	203 MOODY RIDGE ROAD
CITY-ST-ZIP	CLYDE, N.C. 28721
TITLE	S/D
NAME	CHRISTINE ABBOTT
STREET ADDRESS	320 FOX RUN ROAD
CITY-ST-ZIP	PINE HURST, N.C. 28374
TITLE	T/D
NAME	LINDA PFISTER
STREET ADDRESS	97 WINCHESTER DRIVE
CITY-ST-ZIP	WAYNESVILLE, N.C. 28786
TITLE	D/IR
NAME	JIM SNYDER
STREET ADDRESS	103 CHARLEYS KNOB
CITY-ST-ZIP	PISGAH FOREST, N.C. 28768
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

CR2E037B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: **J. Scott Worley** **J. SCOTT WORLEY**

4/9/2002 (252) 752-6788