

2004-NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 01, 2004 08:00 AM
Secretary of State

DOCUMENT # N98000003209

1. Entity Name

**INTERNATIONAL OCCUPATIONAL THERAPISTS FOR
CHRIST, INC.**



Principal Place of Business

**1405 BROWNLEA DR
GREENVILLE NC 27858**

Mailing Address

**P O BOX 3291
GREENVILLE NC 27836**

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

59-3504028

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**CRAIG-OATLEY, MARY E
201 SUMMERHAZE CT.
ORMOND BEACH FL 32174**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstalling)

DATE

**FILE NOW: FEE IS \$61.25 CK.#156
Due By May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME WORLEY, J, SCOTT ☐ Delete
STREET ADDRESS 1405 BROWNLEA DR
CITY-ST-ZIP GREENVILLE NC 27858

TITLE VD
NAME GENTRY, ERNIE ☐ Delete
STREET ADDRESS 203 MOODY RIDGE RD
CITY-ST-ZIP CLYDE NC 28721

TITLE SD
NAME ABBOTT, CHRISTINE ☐ Delete
STREET ADDRESS 320 FOX RUN RD
CITY-ST-ZIP PINEHURST NC 28374

TITLE TD
NAME PFISTER, LINDA J ☐ Delete
STREET ADDRESS 97 WINCHESTER DR
CITY-ST-ZIP WAYNESVILLE NC 28786

TITLE DIR
NAME SNYDER, JIM ☐ Delete
STREET ADDRESS 103 CHARLEYS KNOB
CITY-ST-ZIP PISGAH FOREST NC 28768

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
**000000072486
03/01/04-80113-003 61.25**

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

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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)(f), 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: J. Scott Worley

J. Scott Worley 2-27-04 (252) 752-6788

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #