

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 20, 2003 8:00 am
Secretary of State

03-20-2003 90133 009 ****61.25

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**

20027242

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 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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP **CLYDE, N.C. 28721**

TITLE **SD** ☒ Delete
NAME **HARLAN, KIRSTEN**
STREET ADDRESS **1149 MULBERRY LN, APT 39-D**
CITY-ST-ZIP **GREENVILLE SC 27858**

TITLE **SECRETARY / DIRECTOR (S/D)** ☒ Change ☐ Addition
NAME **CHRISTINE ABBOTT**
STREET ADDRESS **320 FOX RUN ROAD**
CITY-ST-ZIP **PINEHURST, N.C. 28374**

TITLE **TD** ☐ Delete
NAME **PFISTER, LINDA J**
STREET ADDRESS **97 WINCHESTER DR**
CITY-ST-ZIP **WAYNESVILLE NC 28785 28785**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP **WAYNESVILLE, N.C. 28785**

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

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

TITLE ☐ Delete
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: **J. Scott Worley** **REALTOR**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-17-2003 (252) 752-6788

CR2E037 (10/02)

Attachment

26027242
#N98000003009

March 17, 2003

Division of Corporations
Re. Uniform Business Report
PO Box 1500
Tallahassee, FL 32302-1500

Dear Sirs:

Enclosed please find the Uniform Business Report & \$61.25 fee due by May 1, 2003 for our organization, International Occupational Therapists For Christ (FEI # 59 350 4028). Please note changes and corrections in the information including:

- removal of a dash (-) from the zip code of the Vice President,
- Change of last digit of the zip code of the Treasurer from 6 to 5,
- Change of the Secretary name and address.

Also, for your information, we have recently submitted the federal IRS form 8734 required at the end of our Advanced Designation Period. It should confirm the organization's tax-exempt status.

Please let me know if you have questions or require additional information.

Thank you very much for your attention and assistance.

Very Sincerely,

J. Scott Worley

J. Scott Worley, President
International Occupational
Therapists For Christ

PO Box 3291
Greenville, NC 27834

Home phone: 252 752-6788