

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000006720

1. Entity Name

CHRISTIAN UNITY INTERNATIONAL ASSOCIATION, INC.

Principal Place of Business

1948 SAVAGE RD.
CHARLESTON SC 29407

Mailing Address

1948 SAVAGE RD.
CHARLESTON SC 29407

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

City & State

Zip

Country

4. FEI Number

57-1087778

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GRANT, BARBARA A
1711 E. BAY ST.
KISSIMMEE FL 34744

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.

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
After September 12, 2001, min. will be \$236.25

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

TITLE ☐ Delete

NAME PD
STREET ADDRESS GRANT, ELIJAH REV
CITY-ST-ZIP 1948 SAVAGE RD.
CHARLESTON SC 29407

TITLE ☐ Delete

NAME VD
STREET ADDRESS BRAGGS, BISHOP WILLIE
CITY-ST-ZIP 3928 WELL ST.
ORLANDO FL 32812

TITLE ☐ Delete

NAME TD
STREET ADDRESS BRAGGS, MINNIE
CITY-ST-ZIP 3928 WELL ST.
ORLANDO FL 32812

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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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:

Barbara A. Grant

09-07-01 (843) 556-2895

FILED
Sep 13, 2001 8:00 am
Secretary of State

09-13-2001 90055 014 ****70.00



DO NOT WRITE IN THIS SPACE

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