


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 19, 2005 8:00 am
Secretary of State

04-19-2005 90391 034 ****61.25

DOCUMENT # 763367
 1. Entity Name
UNITED CIVIC ORGANIZATION, INC.



Principal Place of Business Mailing Address
 2102 WEST DRIVE 2102 WEST DRIVE
 WEST PALM BEACH FL 33417 WEST PALM BCH. FL 33417
 US US

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country



1st MOORE CR2E037 (10/04)

4. FEI Number Applied For
59-2221503 Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
ROBERT S. MARSHALL
60 COVENTRY C
WEST PALM BEACH FL 33417

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 ROBERT S. MARSHALL - PRES. DATE 4/13/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

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	S	<input type="checkbox"/> Delete
NAME	LAPIDUS, BETTY MRS	
STREET ADDRESS	GREENBRIER C	
CITY-ST-ZIP	WEST PALM BEACH FL 33417	
TITLE	T	<input type="checkbox"/> Delete
NAME	LOEWENSTEIN, GEORGE H MR	
STREET ADDRESS	5 HASTINGS A	
CITY-ST-ZIP	WEST PALM BEACH FL 33417	
TITLE	P	<input type="checkbox"/> Delete
NAME	MARSHALL, ROBERT S MR	
STREET ADDRESS	60 COVENTRY C	
CITY-ST-ZIP	WEST PALM BEACH FL 33417	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	BLACK, EDWARD MR	
STREET ADDRESS	35 CHATHAM B	
CITY-ST-ZIP	WEST PALM BEACH FL 33417	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	DOWLING, JEAN MS	
STREET ADDRESS	207 SALISBURY I	
CITY-ST-ZIP	W PALM BCH FL 33417	
TITLE	V	<input type="checkbox"/> Delete
NAME	RICHLAND, PHYLLIS MRS	
STREET ADDRESS	216 SOMMERSET K	
CITY-ST-ZIP	W PALM BCH FL 33417	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SAL Bummoho	
STREET ADDRESS	201 WELLINGTON F	
CITY-ST-ZIP	W.P.B FL 33417	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.

SIGNATURE: George D. [Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/13/05 561-683-9189
Date Daytime Phone #