
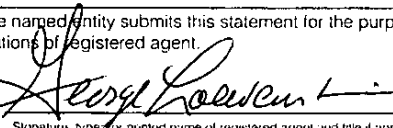


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Mar 29, 2006 8:00 am
Secretary of State

03-29-2006 90138 009 ****61.25

DOCUMENT # 763367			
1. Entity Name UNITED CIVIC ORGANIZATION, INC.			
Principal Place of Business 2102 WEST DRIVE WEST PALM BEACH FL 33417 US		Mailing Address 2102 WEST DRIVE WEST PALM BCH. FL 33417 US	
2. Principal Place of Business United Civic Organization 24 Camden A West Palm Beach, FL 33417		3. Mailing Address United Civic Organization 24 Camden A West Palm Beach, FL 33417	
4. FEI Number 59-2221503		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$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: GEORGE LOEWENSTEIN Street Address (P.O. Box Number is Not Acceptable): 5 HASTINGS A City: W.P.B FL 33417 FL Zip Code: 33417	
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:  GEORGE LOEWENSTEIN DATE: 3/21/06 Signature, type 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, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: S NAME: LAPIDUS, BETTY MRS STREET ADDRESS: GREENBRIER C CITY-ST-ZIP: WEST PALM BEACH FL 33417 <input type="checkbox"/> Delete	TITLE: T NAME: LOEWENSTEIN, GEORGE H MR STREET ADDRESS: 5 HASTINGS A CITY-ST-ZIP: WEST PALM BEACH FL 33417 <input checked="" type="checkbox"/> Delete	TITLE: T NAME: GERARD EPSTEIN STREET ADDRESS: 45 STRATFORD D CITY-ST-ZIP: W.P.B FL. 33417 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	TITLE: PRES. NAME: KOEWENSTEIN, GEORGE STREET ADDRESS: 5 HASTINGS A CITY-ST-ZIP: W.P.B FL. 33417 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: P NAME: MARSHALL, ROBERT S MR STREET ADDRESS: 60 COVENTRY C CITY-ST-ZIP: WEST PALM BEACH FL 33417 <input checked="" type="checkbox"/> Delete	TITLE: V.P. NAME: BLACK, EDWARD MR STREET ADDRESS: 35 CHATHAM B CITY-ST-ZIP: WEST PALM BEACH FL 33417 <input checked="" type="checkbox"/> Delete	TITLE: V.P. NAME: SALVATORE BUMMOL STREET ADDRESS: 201 WELKINGTON F CITY-ST-ZIP: W.P.B FL 33417 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	TITLE: VP NAME: HOWARD SILVER STREET ADDRESS: 146 STRATFORD K CITY-ST-ZIP: W.P.B FL 33417 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: VPD NAME: DOWLING, JEAN MS STREET ADDRESS: 207 SALISBURY I CITY-ST-ZIP: W PALM BCH FL 33417 <input checked="" type="checkbox"/> Delete	TITLE: V.P. NAME: RICHLAND, PHYLLIS MRS STREET ADDRESS: 216 SOMMERSET K CITY-ST-ZIP: W PALM BCH FL 33417 <input type="checkbox"/> Delete	TITLE: VP NAME: MYRON SOLOMON STREET ADDRESS: 245 CAMDEN K CITY-ST-ZIP: W.P.B FL 33417 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:  GERALD EPSTEIN Date: 3/22/06 Daytime Phone #: 683-9189