

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Feb 23, 2007 8:00 am
Secretary of State

02-23-2007 90040 036 ****61.25



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

Principal Place of Business Mailing Address
24 CAMDEN A **24 CAMDEN A**
WEST PALM BEACH FL 33417 **WEST PALM BEACH FL 33417**
US **US**



2. Principal Place of Business - No P.O. Box # 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.

1st MOORE CR2E037 (10/06)

City & State City & State
Zip Country Zip Country

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
LOEWENSTEIN, GEORGE
5 HASTINGS A
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 _____
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
Due By May 1, 2007

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	P	<input type="checkbox"/> Delete
NAME	LOEWENSTEIN, GEORGE H MR	
STREET ADDRESS	5 HASTINGS A	
CITY-ST-ZIP	WEST PALM BEACH FL 33417	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	EPSTEIN, GERLAD	
STREET ADDRESS	45 STRATFORD D	
CITY-ST-ZIP	WEST PALM BEACH FL 33417	
TITLE	VP	<input type="checkbox"/> Delete
NAME	BUMMOLO, SALVATORE	
STREET ADDRESS	201 WELLINGTON F	
CITY-ST-ZIP	WEST PALM BEACH FL 33417	
TITLE	VP	<input type="checkbox"/> Delete
NAME	SILVER, HOWARD	
STREET ADDRESS	146 STRATFORD K	
CITY-ST-ZIP	W PALM BCH FL 33417	
TITLE	VP	<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		<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	T	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOROTNY TETRO	
STREET ADDRESS	312 WELLINGTON E	
CITY-ST-ZIP	WEST PALM BCH FL 33417	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MYRON SOLOMON	
STREET ADDRESS	245 CAMDEN K	
CITY-ST-ZIP	WEST PALM BCH FL 33417	

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: *Dorothy Tetra* *DOROTNY TETRO* 02/16/2007 561-683-9189