2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 705871

FILED Mar 05, 2008 Secretary of State

| Entity Nar | me: THE UN | IITED COMMUNITY CHU | JRCH, INC. | | | | | |
|---|---------------------------------------|--|-------------------|---|------------------|---|--------------|----------------|
| Current Principal Place of Business: | | | | New Principal Place of Business: | | | | |
| 1501 LA JO SUN CITY | OLLA AVE. CENTER, FL | 33573 | | | | | | |
| Current Mailing Address: | | | | New Mailing Address: | | | | |
| 1501 LA JO SUN CITY | OLLA AVE. CENTER, FL | . 33573 | | | | | | |
| FEI Number: | : 59-1161580 | FEI Number Applied For | () FEI Numb | ber Not Applic | able () | Certifica | te of Status | Desired () |
| Name and Address of Current Registered Agent: | | | | Name and Address of New Registered Agent: | | | | |
| | I, PAUL E IN MANOR D CENTER, FL | | | | | | | |
| | named entity e of Florida. | submits this statement f | or the purpose of | changing its | registered | l office or r | egistered a | gent, or both, |
| SIGNATUR | RE: | | | | | | | |
| | Electro | onic Signature of Register | ed Agent | | | | Date | |
| OFFICERS AND DIRECTORS: | | | | ADDITIONS | /CHANGE | S TO OFF | ICERS AN | D DIRECTORS: |
| Title: Name: Address: City-St-Zip: | WISEMAN, PA |) Delete AUL E MANOR DRIVE NTER, FL 33573 | 1 | Title: Name: Address: City-St-Zip: | | ()Change | () Addition | |
| Title: Name: Address: City-St-Zip: | JOHNS, MARÎ 2006 DEL WE | | 1 | Name: Address: | | (X) Change RY A TH GREENS ENTER, FL | DRIVE | |
| Title: Name: Address: City-St-Zip: | FORTIER, RC 2434 DEL WE | | 1 | Name: • • • • • • • • • • • • • • • • • • • | | (X) Change NNE V GREENS DF ENTER, FL | RIVE | |
| Title: Name: | TT (PRATER, JO |) Delete E | | | AT PRATER, JO | (X) Change | () Addition | |

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

729 TORREY PINES AVENUE

SUN CITY CENTER, FL 33573

03/05/2008 SIGNATURE: PAUL E. WISEMAN PT

729 TORREY PINES AVENUE

SUN CITY CENTER, FL 33573

Address:

City-St-Zip: