2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 705871

FILED Jan 29, 2009 Secretary of State

Entity Name: THE UNITED COMMUNITY CHURCH, INC. **Current Principal Place of Business: New Principal Place of Business:** 1501 LA JOLLA AVE. SUN CITY CENTER, FL 33573 **Current Mailing Address: New Mailing Address:** 1501 LA JOLLA AVE SUN CITY CENTER, FL 33573 FEI Number: 59-1161580 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: WISEMAN, PAUL E ESTES, HARRY A 311 GREEN MANOR DRIVE 1501 LA JOLLA AVENUE SUN CITY CENTER, FL 33573 SUN CITY CENTER, FL 33573 US US 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: HARRY A. ESTES 01/29/2009 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete WISEMAN, PAUL E Name: Name: 311 GREEN MANOR DRIVE Address: Address: City-St-Zip: SUN CITY CENTER, FL 33573 City-St-Zip: Title: () Delete Title: () Change () Addition Name: ESTES, HARRY A Name: Address: 1124 CORINTH GREENS DRIVE Address: City-St-Zip: SUN CITY CENTER, FL 33573 City-St-Zip: Title: VPT () Delete Title: () Change () Addition GINEVAN, ANNE V Name: Name: 1352 MISTY GREENS DRIVE Address: Address: City-St-Zip: SUN CITY CENTER, FL 33573 City-St-Zip: Title: ΑT () Delete Title: () Change () Addition Name: PRATER, JO E Name: 729 TORREY PINES AVENUE Address: Address: City-St-Zip: SUN CITY CENTER, FL 33573 City-St-Zip:

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.

SIGNATURE: PAUL E. WISEMAN PT 01/29/2009