


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 01, 2006 8:00 am
Secretary of State

02-01-2006 90011 025 ****70.00

DOCUMENT #717411 1. Entity Name UNIVERSITY UNITED CONGREGATIONAL CHURCH, INC.	
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Principal Place of Business 9300 UNIVERSITY BOULEVARD ORLANDO, FL 32817	Mailing Address 9300 UNIVERSITY BOULEVARD ORLANDO, FL 32817
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



01092006 Chg-NP CR2E037 (11/05)

4. FEI Number 00-0717411	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent LARSEN, LLOYD A REV 8734 PINE BARRENS DRIVE ORLANDO, FL 32817		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 *Heidi K. Lane* DATE 01/27/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing 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	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	SD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MCHALE, LIZANNE			NAME			
STREET ADDRESS	518 APPLETON PL			STREET ADDRESS			
CITY-ST-ZIP	OVIEDO, FL 32768			CITY-ST-ZIP			
TITLE	T	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MAGINESS, WILLIAM			NAME			
STREET ADDRESS	65 HILLCREST ST			STREET ADDRESS			
CITY-ST-ZIP	OVIEDO, FL 32765			CITY-ST-ZIP			
TITLE	P	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LARSEN, REV LLOYD A			NAME			
STREET ADDRESS	8734 PINE BARRENS DRIVE			STREET ADDRESS			
CITY-ST-ZIP	ORLANDO, FL			CITY-ST-ZIP			
TITLE	P	<input checked="" type="checkbox"/> Delete		TITLE	P	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	TUCKER, SUSAN			NAME	Woloszyn, Jack	XX	
STREET ADDRESS	1404 EL CAJON COURT			STREET ADDRESS	5935 Sheryl Anita		
CITY-ST-ZIP	WINTER SPRINGS, FL 32708			CITY-ST-ZIP	Oviedo, FL 32765		
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	THOMPSON, LARRY			NAME			
STREET ADDRESS	815 FIRST STREET			STREET ADDRESS			
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32701			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *Heidi K. Lane* DATE 01/27/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR