2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000000966

FILED Mar 14, 2006 Secretary of State

DOCON		000000000		Secretary or State	
Entity Na	me: UNITED (CHRISTIAN GIVING, INC.			
Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
5845 RIVE	RSIDE LANE				
	ERS, FL 33919)			
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
	ERSIDE LANE ERS, FL 33919)			
FEI Number: 31-1715273		FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address	Name and Address of New Registered Agent:	
SUITE H FORT MYI The above in the State	e of Florida.		purpose of changing its registere	ed office or registered agent, or both,	
SIGNATURE: Electronic Signature of Registered Agent			ent	 Date	
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PD () HELMERICH, FI 5845 RIVERSID FORT MYERS,	E LN.	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VPD () WHITE, WILLIA 15234 BRIAR R FORT MYERS,	IDGE CIRCLE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	STD () PRINGLE, RICH 5761 PALM BEA FORT MYERS,	ACH BLVD	Title: Name: Address: City-St-Zip:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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: FRANK HELMERICH PD 03/14/2006