

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000003731

FILED
Sep 12, 2008
Secretary of State

Entity Name: UNIVERSITY COMMUNITY OUTREACH CHRISTIAN CENTER INC.

Current Principal Place of Business:

1542 UNIVERSITY WOODS PLACE
TAMPA, FL 33612

New Principal Place of Business:

Current Mailing Address:

1542 UNIVERSITY WOODS PLACE
TAMPA, FL 33612

New Mailing Address:

FEI Number: 56-3717606 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

FRANK, RODNEY JR.
UNIVERSITY WOODS PLACE
TAMPA, FL 33612 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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: WILLIAMS, JOSEPHINE
Address: 1542 UNIVERSITY WOODS PLACE
City-St-Zip: TAMPA, FL 33612

Title: VCD () Delete
Name: COOK, RODNEY
Address: 1016 BOUGANVILLA
City-St-Zip: TAMPA, FL 33612

Title: DT () Delete
Name: MARR, VENUS
Address: 2807 W. BURTS
City-St-Zip: TAMPA, FL 33614

Title: SD () Delete
Name: ROBERTS, SHELIA
Address: 5043 CHALET CT APT907
City-St-Zip: TAMPA, FL 33617

Title: BM () Delete
Name: FRANK, YVONNE D
Address: 1542 UNIVERSITY WOODS PL
City-St-Zip: TAMPA, FL 33612

Title: BM () Delete
Name: COOK, SHONDA
Address: 1016 BOUGANVILLA
City-St-Zip: TAMPA, FL 33612

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
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: JOSEPHINE WILLIAMS

D

09/12/2008

Electronic Signature of Signing Officer or Director

Date