

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2002 8:00 am
Secretary of State

03-06-2002 90013 044 ****61.25

DOCUMENT # NO1000004284

1. Entity Name

UNITED CHRISTIAN COMMUNITY SERVICES, INC.

Principal Place of Business

Mailing Address

P O BOX 617442
 ORLANDO FL 32861-7442

P O BOX 617442
 ORLANDO FL 32861-7442

- 21036



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

31-1728439

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**VICKSON, O M I
 2215 RAVENALL AVE
 ORLANDO FL 32811**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

TITLE	Executive Director	<input type="checkbox"/> Delete
NAME	Rev. O. M. Vickson I	
STREET ADDRESS	2215 Ravenall Avenue	
CITY-ST-ZIP	Orlando, FL 32811	
TITLE	Assistant Executive Director	<input type="checkbox"/> Delete
NAME	Lula Williams	
STREET ADDRESS	10414 Horizon Street	
CITY-ST-ZIP	Winter Garden, FL 34787	
TITLE	Associate Director	<input type="checkbox"/> Delete
NAME	Clarissa. Atchison	
STREET ADDRESS	4553 Piedmont Street	
CITY-ST-ZIP	Orlando, FL 32811	
TITLE	Transportation Director	<input type="checkbox"/> Delete
NAME	Sophy Ellen	
STREET ADDRESS	1201 Lepida Street	
CITY-ST-ZIP	Orlando, FL 32811	
TITLE	Utility Director	<input type="checkbox"/> Delete
NAME	Richard Felix	
STREET ADDRESS	4553 Piedmont Street	
CITY-ST-ZIP	Orlando, FL 32811	
TITLE	Executive Administrator	<input type="checkbox"/> Delete
NAME	Gertrude Chapman	
STREET ADDRESS	1523 Thornhill Circle	
CITY-ST-ZIP	Orlando, FL 32811	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

O. M. Vickson I Executive Director

Date

Daytime Phone #

2/21/02 (407) 291-4425

CR2E037 (9/01)