

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 12, 2003 8:00 am**  
**Secretary of State**

05-12-2003 90220 043 \*\*\*\*61.25

0074579

**DOCUMENT # NO1000004284**

1. Entity Name

**UNITED CHRISTIAN COMMUNITY SERVICES, INC.**



Principal Place of Business

P O BOX 617442  
ORLANDO FL 32861-7442

Mailing Address

P O BOX 617442  
ORLANDO FL 32861-7442

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

☐ CHECK HERE IF MAKING CHANGES



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. I am familiar with, and accept the obligations of registered agent.

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                |                        |  |
|----------------|------------------------|--|
| TITLE          | EXD                    | <input type="checkbox"/> Delete            |
| NAME           | VICKSON, O. M. REV I   |  |
| STREET ADDRESS | 2215 RAVENALL AVENUE   |  |
| CITY-ST-ZIP    | ORLANDO FL 32811       |  |
| TITLE          | AEXD                   | <input checked="" type="checkbox"/> Delete |
| NAME           | WILLIAMS, LULA         |  |
| STREET ADDRESS | 1077 HORIZON STREET    |  |
| CITY-ST-ZIP    | WINTER GARDEN FL 34787 |  |
| TITLE          | AD                     | <input checked="" type="checkbox"/> Delete |
| NAME           | ATCHISON, CLARISSA     |  |
| STREET ADDRESS | 4553 PIEDMONT STREET   |  |
| CITY-ST-ZIP    | ORLANDO FL 32811       |  |
| TITLE          | TD                     | <input checked="" type="checkbox"/> Delete |
| NAME           | ELLISON, JOHNNY        |  |
| STREET ADDRESS | 4201 CEPEDA STREET     |  |
| CITY-ST-ZIP    | ORLANDO FL 32811       |  |
| TITLE          | VD                     | <input checked="" type="checkbox"/> Delete |
| NAME           | FELIX, RICHARD         |  |
| STREET ADDRESS | 4553 PIEDMONT STREET   |  |
| CITY-ST-ZIP    | ORLANDO FL 32811       |  |
| TITLE          | EXA                    | <input checked="" type="checkbox"/> Delete |
| NAME           | CHAPMAN, GERTRUDE      |  |
| STREET ADDRESS | 1523 THORNHILL CIRCLE  |  |
| CITY-ST-ZIP    | OVIDO FL 32765         |  |

|                |                         |  |
|----------------|-------------------------|--|
| TITLE          | President               | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           | Rev. O. M. Vickson I    |  |
| STREET ADDRESS | 2215 Ravenall Avenue    |  |
| CITY-ST-ZIP    | Orlando, FL 32811       |  |
| TITLE          | Vice President          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | Elder Charles Wingster  |  |
| STREET ADDRESS | 925 S. Ivey Lane        |  |
| CITY-ST-ZIP    | Orlando, FL 32811       |  |
| TITLE          | Executive Director      | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           | Sueella Brown           |  |
| STREET ADDRESS | 2508 Lee Avenue         |  |
| CITY-ST-ZIP    | Orlando, FL 32805       |  |
| TITLE          | Associate Director      | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | Ken Chick               |  |
| STREET ADDRESS | 4449 Malibu Street      |  |
| CITY-ST-ZIP    | Orlando, FL 32811       |  |
| TITLE          | Program Director        | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | Tris Vickson            |  |
| STREET ADDRESS | 633 19th Street         |  |
| CITY-ST-ZIP    | Orlando, FL 32805       |  |
| TITLE          | Administrative Director | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | Jean Ramsey-Mondesir    |  |
| STREET ADDRESS | 6625 Christian St.      |  |
| CITY-ST-ZIP    | Orlando, FL 32818       |  |

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:

*O. M. Vickson I*  
President

5/16/03

CR2E037 (10/02)