

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000001674

FILED
Mar 19, 2009
Secretary of State

Entity Name: UNITED CONGREGATIONS FOR COMMUNITIES & YOUTH EVANGELISTIC OUT-REACH MINISTRY
INC

Current Principal Place of Business:

5379 LENOX AVENUE
JACKSONVILLE, FL 32205 US

New Principal Place of Business:

Current Mailing Address:

582 CHANCELLOR DR. WEST
JACKSONVILLE, FL 32225 US

New Mailing Address:

FEI Number: 03-0397427 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

YOUNG, REGINA A MIN/DR.
582 CHANCELLOR DRIVE WEST
JACKSONVILLE, FL 32225 US

Name and Address of New Registered Agent:

YOUNG-WYCHE, REGINA MIN/DR.
582 CHANCELLOR DRIVE WEST
JACKSONVILLE, FL 32225 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: MIN/DR. REGINA YOUNG-WYCHE

03/19/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: YOUNG, REGINA A MIN/DR.
Address: 582 CHANCELLOR DRIVE WEST
City-St-Zip: JACKSONVILLE, FL 32225

Title: D () Delete
Name: WYCHE, ROBERT PASTOR
Address: 4915 W. GRACE STREET
City-St-Zip: TAMPA, FL 33607

Title: D () Delete
Name: INGS, SAMUEL REV.
Address: 2805 TRADEWIND TRAIL
City-St-Zip: ORLANDO, FL 32805

Title: TD () Delete
Name: RAULERSON, JEFFREY K MIN
Address: 875 RIVERSIDE DR.
City-St-Zip: CORAL SPRINGS, FL 33071

Title: VD () Delete
Name: RAULERSON, LESLEY T MIN.
Address: POST OFFICE BOX 350758
City-St-Zip: JACKSONVILLE, FL 32235

Title: D () Delete
Name: CARTER, PATRICIA EVANG.
Address: 3078 W. 15TH STREET
City-St-Zip: JACKSONVILLE, FL 32205 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: YOUNG-WYCHE, REGINA MIN/DR.
Address: 582 CHANCELLOR DRIVE WEST
City-St-Zip: JACKSONVILLE, FL 32225

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: MIN/DR. REGINA YOUNG-WYCHE

PD

03/19/2009

Electronic Signature of Signing Officer or Director

Date