

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # N02000003195

1. Entity Name

UNITED CHRISTIAN COUNSELING CENTER, INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 SEP 19 PM 2:41



Principal Place of Business

639 N.W. 9TH AVE
FORT LAUDERDALE FL 33311

Mailing Address

3890 N.W. 4TH COURT
FT LAUDERDALE FL 33311
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

2nd MOORE

CR2E037 (4/06)

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

THOMPSON, JEROME
3890 N.W. 4TH COURT
FORT LAUDERDALE FL 33311

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

1920 N.E. 2nd Ave.
Pompano Bch. FL

City

FL

Zip Code

33060

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
Due By September 6, 2006

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

TITLE PD ☐ Delete
NAME LAWRENCE, CLINITA
STREET ADDRESS 3890 N.W. 4TH COURT
CITY-ST-ZIP FORT LAUDERDALE FL 33311

TITLE VD ☐ Delete
NAME LAWRENCE, BEAMON
STREET ADDRESS 3890 N.W. 4TH COURT
CITY-ST-ZIP FORT LAUDERDALE FL 33311

TITLE D ☐ Delete
NAME THOMPSON, JEROME
STREET ADDRESS 1920 NE 2ND AVE.
CITY-ST-ZIP POMPAÑO BEACH FL 33060

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 300080192563
CITY-ST-ZIP 09/26/06--01072--002 **70.00

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

Clinita Lawrence

9/19/06

954 791 3753