

# **2011 NOT-FOR-PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# N02000003195

**FILED**  
**Jun 03, 2011**  
**Secretary of State**

**Entity Name:** UNITED CHRISTIAN COUNSELING CENTER, INC.

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

**FEI Number:** 65-0596864

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

THOMPSON, JEROME  
1920 N.E. 2ND AVENUE  
POMPANO BEACH, FL 33060 US

**Name and Address of New Registered Agent:**

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:** JEROME THOMPSON

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** PD  
**Name:** LAWRENCE, CLINITA  
**Address:** 3890 N.W. 4TH COURT  
**City-St-Zip:** FORT LAUDERDALE, FL 33311

**Title:** VD  
**Name:** LAWRENCE, BEAMON  
**Address:** 3890 N.W. 4TH COURT  
**City-St-Zip:** FORT LAUDERDALE, FL 33311

**Title:** D  
**Name:** THOMPSON, JEROME  
**Address:** 1920 NE 2ND AVE.  
**City-St-Zip:** POMPANO BEACH, FL 33060

I hereby 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 all other like empowered.

**SIGNATURE:** CLINITA LAWRENCE

PD

06/03/2011

Electronic Signature of Signing Officer or Director

Date