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

[redacted]
01-17-2003 90057 008 *****70.00
N02000003195

FILED
03 FEB -4 AM 11:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N02000003195

1. Entity Name
UNITED CHRISTIAN COUNSELING CENTER, INC.

☐ CHECK HERE IF MAKING CHANGES

Principal Place of Business	Mailing Address
3890 N.W. 4TH COURT FORT LAUDERDALE FL 33311	3890 N.W. 4TH COURT FORT LAUDERDALE FL 33311

2. Principal Place of Business	3. Mailing Address
639 N.W. 9th Ave	3890 N.W. 4th ct. Ft. Laud. FL 333
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Ft. Lauderdale, Fla.	City & State
Zip: 33311 Country	Zip Country

4. FEI Number: NA ☐ 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
THOMPSON, JEROME 3890 N.W. 4TH COURT FORT LAUDERDALE FL 33311	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 _____ DATE
Signature, typed or printed name of registered agent and (if applicable) (NOTE: Registered Agent's signature required when reinstating)

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD LAWRENCE, CLINITA 3890 N.W. 4TH COURT FORT LAUDERDALE FL 33311 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD LAWRENCE, BEAMON 3890 N.W. 4TH COURT FORT LAUDERDALE FL 33311 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E087 (10/02)

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 REQUIRED Clinita Lawrence
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL MAKING OR SIGNING OFFICER OR DIRECTOR — Date