

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000001056

FILED
Apr 30, 2006
Secretary of State

Entity Name: UNDER CONSTRUCTION YOUTH MINISTRIES INC.

Current Principal Place of Business:

10543 51ST. TERRACE NORTH
ST. PETERSBURG, FL 33708 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 3054
SEMINOLE, FL 33775 US

New Mailing Address:

FEI Number: 82-0585653

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CUMMINGS, CRAIG E
10543 51ST. TERRACE NORTH
ST. PETERSBURG, FL 33708 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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: T () Delete
Name: CARLTON, JAMES M
Address: 132 S.E. JEFFERSON CIRCLE N.
City-St-Zip: ST. PETERSBURG, FL 33703 US

Title: D () Delete
Name: CLEVELLE, ERIC R
Address: 765 85TH. AVENUE N.
City-St-Zip: ST. PETERSBURG, FL 33702 US

Title: S () Delete
Name: CUMMINGS, BEVERLY J
Address: 10543 51ST. TERRACE N.
City-St-Zip: ST. PETERSBURG, FL 33708 US

Title: C () Delete
Name: CUMMINGS, CRAIG E
Address: 10543 51ST. TERRACE N.
City-St-Zip: ST. PETERSBURG, FL 33708 US

Title: D () Delete
Name: EMIGH, MICHAEL
Address: 1286 HERMITAGE
City-St-Zip: CLEARWATER, FL 33764 US

Title: D () Delete
Name: PIERCE, PAUL
Address: 8224 128TH. STREET
City-St-Zip: SEMINOLE, FL 33776 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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
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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 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: CRAIG CUMMINGS

PRES

04/30/2006

Electronic Signature of Signing Officer or Director

Date