2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03022

FILED Apr 30, 2006 Secretary of State

Entity Name: UNION PARK CHRISTIAN CHURCH, INC.

Current Principal Place of Business: New Principal Place of Business: 2119 N. DEAN ROAD ORLANDO, FL 32817 **Current Mailing Address: New Mailing Address:** 2119 N. DEAN ROAD ORLANDO, FL 32817 FEI Number: 59-3378075 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: NELSON, JOHN MADDOX, JEFFREY D 240 KRAÉT DR 2672 HAZEL GROVE LANE CASSELBERRY, FL 32707 US OVIEDO, FL 32766 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: JEFFREY D. MADDOX 04/30/2006 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition MASON, GARY NELSON, JOHN Name: Name: 3514 KRAMER LANE Address: 240 KRAFT DRIVE Address: City-St-Zip: ORLANDO, FL 328066620 City-St-Zip: CASSELBERRY, FL 32707 Title: () Delete Title: (X) Change () Addition UNGRUHE, ANTHONY J Name: COLE, MICHAEL Name: Address: 21708 HOBBY HORSE LN Address: 10708 HARKWOOD BLVD City-St-Zip: CHRISTMAS, FL 32709 City-St-Zip: ORLANDO, FL 32817 Title: () Delete Title: () Change () Addition CULLEN, CRAIG Name: Name: 10638 CROCUS STREET Address: Address: City-St-Zip: ORLANDO, FL 32825 City-St-Zip: Title: () Delete Title: () Change () Addition Name: MADDOX, MARY BETH Name: Address: 2672 HAZEL GROVE LANE Address: City-St-Zip: OVIEDO, FL 32766 City-St-Zip: Title: () Delete Title: () Change () Addition CLAPPER, CLIFF Name: Name: 18930 BELVEDERE RD Address: Address: City-St-Zip: ORLANDO, FL 32820 City-St-Zip: Title: () Delete Title: () Change () Addition HENSLEY, THOMAS Name: Name: Address: 3555 FOX HOLLOW Address: ORLANDO, FL 32829 City-St-Zip: 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: JOHN NELSON D 04/30/2006