


05-03-2006 90253 025 ****61.25

DOCUMENT # NO 4000007721		05-03-2006 90253 025 ****61.25	
1. Entity Name United Community Coalition, Inc.			
Principal Place of Business 3738 Winton Dr. Jacksonville, Fla. 32208		Mailing Address 3738 Winton Dr. JACKSONVILLE, FL 32208	
2. Principal Place of Business 3738 Winton Drive		3. Mailing Address 3738 Winton Drive	
Suite, Apt. #, etc. 3738		Suite, Apt. #, etc.	
City & State		City & State Jacksonville, FL	
Zip		Zip 32209	
Country		Country Duval	
4. FEI Number 20-1964515		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent Willie F. Dennis 3738 Winton Dr. JACKSONVILLE, FL 32208		7. Name and Address of New Registered Agent	
Name		Street Address (P.O. Box Number is Not Acceptable)	
City		Zip Code FL	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	
		\$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 P. John E. GUNS 3738 Winton Dr. JACKSONVILLE, FL 32208		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP Dr. Nathaniel Farley, Jr. 6414 Corday Court 32208 JACKSONVILLE, FL 32208		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP Willie F. Dennis 3738 Winton Dr. JACKSONVILLE, Fla 32209		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP Ms. Josette Mitchell 1426 W. 30th St. JACKSONVILLE, Fla. 32209		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP <input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP <input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: Willie F. Dennis		Date: 4/28/06 (904) 766-0836	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	