


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90282 029 ****61.25

DOCUMENT # N05000004513 1. Entity Name UNION CHRISTIAN & COMMUNITY SERVICES, INC.					
Principal Place of Business 2826 BROADWAY SUITE 205 RIVIERA BEACH, FL 33404			Mailing Address 2826 BROADWAY SUITE 205 RIVIERA BEACH, FL 33404		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 2826 BROADWAY			
Suite, Apt. #, etc.		Suite, Apt. #, etc. SUITE 204			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number NOT APPLICABLE	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GEDEON, FLEURISSANT 951 32ND STREET WEST PALM BEACH, FL 33407			7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2007		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	D/PR GEDEON, FLEURISSANT 951 32ND STREET WEST PALM BEACH, FL 33407 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/VP METAYER, CHARLEMAGNE 731 DATE PALM DR LAKE PARK, FL 33403 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/SE LIMA, JEAN J 207 SUPERIOR PLACE WEST PALM BEACH, FL 33409 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GEDEON, ROSEMENE 951 32ND STREET WEST PALM BEACH, FL 33407 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/SE BAPTISTE, NATIOUM J 5923 BIMINI CIR E WEST PALM BEACH, FL 33407 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GEDEOMME, ESPERANT 421 SILVER BEACH RD #2 RIVIERA BEACH, FL 33404 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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: FLEURISSANT GEDEON Fleurissant Gedeon <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			4/18/2007 <small>Date</small>		561-255-0917 <small>Daytime Phone #</small>