

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000004513

FILED
Apr 12, 2008
Secretary of State

Entity Name: UNION CHRISTIAN & COMMUNITY SERVICES, INC.

Current Principal Place of Business:

928 PARK AVENUE
LAKE PARK, FL 33403

New Principal Place of Business:

Current Mailing Address:

928 PARK AVENUE
LAKE PARK, FL 33403

New Mailing Address:

FEI Number: 20-3845048

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GEDEON, FLEURISSANT
951 32ND STREET
WEST PALM BEACH, FL 33407 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: D/PR () Delete
Name: GEDEON, FLEURISSANT
Address: 951 32ND STREET
City-St-Zip: WEST PALM BEACH, FL 33407

Title: D/VP () Delete
Name: METAYER, CHARLEMAGNE
Address: 731 DATE PALM DR
City-St-Zip: LAKE PARK, FL 33403

Title: D/SE () Delete
Name: LIMA, JEAN J
Address: 207 SUPERIOR PLACE
City-St-Zip: WEST PALM BEACH, FL 33409

Title: D () Delete
Name: GEDEON, ROSEMENE
Address: 951 32ND STREET
City-St-Zip: WEST PALM BEACH, FL 33407

Title: D/SE () Delete
Name: BAPTISTE, NATIUM J
Address: 5923 BIMINI CIR E
City-St-Zip: WEST PALM BEACH, FL 33407

Title: D () Delete
Name: GEDEOMME, ESPERANT
Address: 421 SILVER BEACH RD #2
City-St-Zip: RIVIERA BEACH, FL 33404

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
Name:
Address:
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 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: GEDEON FLEURISSANT

P

04/12/2008

Electronic Signature of Signing Officer or Director

Date