

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000004797

FILED  
Jan 31, 2006  
Secretary of State

**Entity Name:** THE UNITED CHRISTIAN CENTER FOR ABUNDANT LIVING, INC.

**Current Principal Place of Business:**

6540 ALCESTER DRIVE  
NEW PORT RICHEY, FL 34665

**New Principal Place of Business:**

**Current Mailing Address:**

6540 ALCESTER DRIVE  
NEW PORT RICHEY, FL 34665

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For (X)**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LIFELONG, HERMAN A REV. DR  
6540 ALCESTER DRIVE  
NEW PORT RICHEY, FL 34665 US

**Name and Address of New Registered Agent:**

ALLEN, HERMAN REV. DR  
6540 ALCESTER DRIVE  
NEW PORT RICHEY, FL 34665 US

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: HERMAN ALLEN

01/31/2006

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: ALLEN, MARY  
Address: 6540 ALCESTER DRIVE  
City-St-Zip: NEW PORT RICHEY, FL 34655

Title: D ( ) Delete  
Name: CARR, REGINALD BISHOP  
Address: 925 26TH AVE SOUTH  
City-St-Zip: ST. PETERSBURG, FL 33705

Title: D ( ) Delete  
Name: MASON, JUDITH A  
Address: 3136 2ND AVE SOUTH  
City-St-Zip: ST PETERSBURG, FL 33712

Title: D ( ) Delete  
Name: PAULIN, PORTIA  
Address: 7290 BROADMOOR DRIVE  
City-St-Zip: NEW PORT RICHEY, FL 34663

Title: D ( ) Delete  
Name: BULLOCK, GEORGE  
Address: 14205 168TH ST  
City-St-Zip: SPRINGFIELD GAREDNS, NY 11434

Title: D ( ) Delete  
Name: HODGKINSON, RENEE'  
Address: P.O. BOX 638  
City-St-Zip: OLDSMAR, FL 34677

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition  
Name: ALLEN, MARY G  
Address: 6540 ALCESTER DRIVE  
City-St-Zip: NEW PORT RICHEY, FL 34655

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 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: HERMAN ALLEN

REV

01/31/2006

Electronic Signature of Signing Officer or Director

Date