

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000004797

FILED
Jan 07, 2008
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 US

New Principal Place of Business:

Current Mailing Address:

6540 ALCESTER DRIVE
NEW PORT RICHEY, FL 34665 US

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

ALLEN, HERMAN
6540 ALCESTER DRIVE
NEW PORT RICHEY, FL 34665 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 () Delete
Name: ALLEN, MARY G
Address: 6540 ALCESTER DRIVE
City-St-Zip: NEW PORT RICHEY, FL 34655 US

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

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

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

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

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

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
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City-St-Zip:

Title: () Change () Addition
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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: HERMAN ALLEN

D

01/07/2008

Electronic Signature of Signing Officer or Director

Date