

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000004797

FILED
Jan 11, 2011
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: 85-8014946

FEI Number Applied For ()

FEI Number Not Applicable ()

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

Title: D
Name: WILSON, GLASS
Address: 6436 STONE RD
City-St-Zip: PORT RICHEY, FL 34668 US

Title: D
Name: DENT, RADIAH DR
Address: 1244 PALM ST
City-St-Zip: CLEARWATER, FL 33755 US

Title: D
Name: WILSON, NICOLE
Address: 6901 EL CAMINO PALOMA AVE
City-St-Zip: PORT RICHEY, FL 34668 US

Title: D
Name: HODGEKINSON, RENE
Address: PO BOX 638
City-St-Zip: OLDSMAR, FL 34677 US

Title: D
Name: DENT, BRENDA
Address: PO BOX 12514
City-St-Zip: ST PETERSBURG, FL 33733 US

I hereby 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 all other like empowered.

SIGNATURE: REV. DR. HERMAN ALLEN

MR.

01/11/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date