

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED

**Apr 29, 2008 8:00 am
Secretary of State**

03-14-2008 90042 016 ****61.25

DOCUMENT # N05000005998			
1. Entity Name UNITED CHRISTIAN CHILDRENS FUND INC.			
Principal Place of Business 252 SAXONY COURT WINTER SPRINGS FL 32708		Mailing Address 252 SAXONY COURT WINTER SPRINGS FL 32708	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 59-3248023		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent IVEY, BERNARD D DR. 252 SAXONY COURT WINTER SPRINGS FL 32708		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: <i>Boreen Ivey</i> <i>Boreen Ivey</i> DATE: 3/4/08			
FILE NOW: FEE IS \$61.25 Due By: May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P JOREEN, IVEY X 852 SAXONY CRT X WINTER SPRINGS FL 32708 ✓	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Correction Joreen Ivey 252 Saxony Ct Winter Springs 32708
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S KARREN, IVEY 252 SAXONY CRT WINTER SPRINGS FL 33708 correct	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	J ODIN, JULIE X 252 SAXONY CRT ✓ WINTER SPRINGS FL 32708 ✓	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Correction Julie Odum
TITLE NAME STREET ADDRESS CITY - ST - ZIP	C IVEY, BERNARD DR ✓ 252 SAXONY CRT ✓ WINTER SPRINGS FL 32708 ✓	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: <i>Boreen Ivey</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

errors in typing at your end
Boreen Ivey President is an officer correct