2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000006308

FILED Mar 28, 2007 Secretary of State

Entity Name: UNITED CONGREGATIONAL INTERNATIONAL CHRISTIAN FELLOWSHIP, INC.

Current Principal Place of Business: New Principal Place of Business: 1734 HAWTHORNE RD 1734 EAST HAWTHORNE RD GAINESVILLE, FL 32617 US GAINESVILLE, FL 32617 **Current Mailing Address: New Mailing Address:** 135 SE 34TH STREET OCALA, FL 34471 US FEI Number: 11-3782666 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: ROBINSON, ABRAHAM SR 135 SE 34TH STREET OCALA, FL 34471 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition ROBINSON, ABRAHAM SR Name: Name: 135SE34TH STREET Address: Address: City-St-Zip: OCALA, FL 344471 US City-St-Zip: Title: () Delete Title: (X) Change () Addition CLARK, ARTHUR M Name: HENDERSON, VICKIE L Name: Address: 1511 NE 6TH AVE Address: 715 SIESTA KEY TRAIL #1415 City-St-Zip: GAINESVILLE, FL 32641 US City-St-Zip: DEERFIELD BEACH, FL 33441 US Title: () Delete Title: (X) Change () Addition ROBINSON, ARTHRU L SR ROBINSON, ARTHUR L SR Name: Name: 9240 137 LANE #39 9240 137 LANE #39 Address: Address: City-St-Zip: LIVE OAK, FL 32060 US City-St-Zip: LIVE OAK, FL 32060 US Title: () Delete Title: (X) Change () Addition Name: GEE, ROBERT L Name: PATE, MICHAEL 12910 HIGHWAY 90, WEST LOT 34 Address: 605 NW 2ND AVE Address: City-St-Zip: JASPER, FL 32052 US City-St-Zip: LIVE OAK, FL 32060 Title: () Delete Title: (X) Change () Addition DORKINS, EDNA LITTLE, SHERRY Name: Name: 691 12TH AVE 1820 NW 33RD AVENUE Address: Address: FORT LAUDERDALE, FL 33311 US City-St-Zip: JASPER, FL 32052 US 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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: VICKIE L. HENDERSON VP 03/28/2007

() Delete

WASINGTON, ELOUISE

LIVE OAK, FL 32060 US

9240 137 LANE #39

Title:

Name:

Address:

City-St-Zip:

(X) Change () Addition

WASINGTON, ELOUISE

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