

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000006308

FILED  
May 01, 2010  
Secretary of State

**Entity Name:** UNITED CONGREGATIONAL INTERNATIONAL CHRISTIAN FELLOWSHIP, INC.

**Current Principal Place of Business:**

4425 SW 44TH STREET  
OCALA, FL 34474 US

**New Principal Place of Business:**

**Current Mailing Address:**

4425 SW 44TH STREET  
OCALA, FL 34474 US

**New Mailing Address:**

**FEI Number:** 11-3782666      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

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

ROBINSON, ABRAHAM SR  
4425 SW 44TH  
OCALA, FL 34474 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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: ROBINSON, ABRAHAM SR  
Address: 135SE34TH STREET  
City-St-Zip: Ocala, FL 344471 US

Title: VP  
Name: MCKINNON, RENESE  
Address: 4425 SW 44TH STREET  
City-St-Zip: Ocala, FL 34474 US

Title: D  
Name: WITHERSPOON, REBECCA  
Address: 9240 137 LANE #39  
City-St-Zip: CITRUS SPRINGS, FL 33311 US

Title: D  
Name: CHESTINE, VARRETA  
Address: 12910 HIGHWAY 90, WEST LOT 34  
City-St-Zip: LIVE OAK, FL 32060

Title: TR  
Name: WITHERSPOON, EMANUAL LEWIS  
Address: 9298 NORTH MITCHELL  
City-St-Zip: CITRUS SPRINGS, FL 33311 US

Title: D  
Name: WITHERSPOON, MATTIE  
Address: 1460 HENRY BLAIR LN  
City-St-Zip: DUNNELLON, FL 34471 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: ABRAHAM ROBINSON SR

P

05/01/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date