

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000008680

FILED
Mar 31, 2009
Secretary of State

Entity Name: UNITED FOR CHOICE INC.

Current Principal Place of Business:

515 DANIELS AVE
ORLANDO, FL 32801

New Principal Place of Business:

Current Mailing Address:

515 DANIELS AVE
ORLANDO, FL 32801

New Mailing Address:

FEI Number: 26-0856333

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHIENER, CICELY
515 DANIELS AVE
ORLANDO, FL 32801 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: P () Delete
Name: SCHEINER, CICELY
Address: 515 DANIELS AVE
City-St-Zip: ORLANDO, FL 32801

Title: D () Delete
Name: GOETZ, KRISTINA
Address: 826 N. THORNTON AVE
City-St-Zip: ORLANDO, FL 32803

Title: D () Delete
Name: BERNSTEIN, VANESSA
Address: 12723 WOODBURY OAKS DRIVE
City-St-Zip: ORLANDO, FL 32828

Title: V (X) Delete
Name: CAWLEY, JENNA
Address: 1470 ALOMA AVE
City-St-Zip: WINTER PARK, FL 32789

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: TUSSEY, JUSTIN
Address: 12723 WOODBURY OAKS DRIVE
City-St-Zip: ORLANDO, FL 32828

Title: V (X) Change () Addition
Name: BERNSTEIN, VANESSA
Address: 12723 WOODBURY OAKS DRIVE
City-St-Zip: ORLANDO, FL 32828

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: CICELY SCHEINER

P

03/31/2009

Electronic Signature of Signing Officer or Director

Date