

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90450 001 ****61.25

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DOCUMENT # N07908							
1. Entity Name UNITED CHRISTIAN SERVICES OF DIXIE COUNTY, INC.							
Principal Place of Business CEDAR STREET 264 NE 210 AVE P.O. BOX 1486 CROSS CITY, FL 32628		Mailing Address CEDAR STREET 264 NE 210 AVE P.O. BOX 1486 CROSS CITY, FL 32628		04272006 Chg-NP CR2E037 (11/05)			
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip	Country	Zip	Country	4. FEI Number 59-2495091 <table border="1" style="float: right; margin-top: -20px;"> <tr> <td>Applied For</td> </tr> <tr> <td>Not Applicable</td> </tr> </table>		Applied For	Not Applicable
Applied For							
Not Applicable							
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required							
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
LANGSTON, SUSAN V 106 SE 38 AVE. P.O. BOX 1346 CROSS CITY, FL 32628				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>							
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees			
Make check payable to Florida Department of State							
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	P	Delete <input type="checkbox"/>		TITLE	ST Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>		
NAME	MILLS, BETTY NELL			NAME			
STREET ADDRESS	E BARBERAVE/P O BOX 670			STREET ADDRESS			
CITY-ST-ZIP	CROSS CITY, FL			CITY-ST-ZIP			
TITLE	S	Delete <input checked="" type="checkbox"/>		TITLE	D Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>		
NAME	DUNMAN, MARTHA			NAME	Neil Scully		
STREET ADDRESS	MACARTHUR AVE PO BOX 2152			STREET ADDRESS	107 SE 3rd Avenue		
CITY-ST-ZIP	CROSS CITY, FL 32628			CITY-ST-ZIP	CROSS CITY - FL 32629		
TITLE	V	Delete <input checked="" type="checkbox"/>		TITLE	R Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>		
NAME	ROBSON, REV. BILLY			NAME	Ronnie Lambert		
STREET ADDRESS	KENNETH ST P.O. BOX 811 NA			STREET ADDRESS	358 SE 633 St		
CITY-ST-ZIP	CROSS CITY, FL			CITY-ST-ZIP	OLD TOWN, FL 32680		
TITLE	T	Delete <input type="checkbox"/>		TITLE	D Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>		
NAME	OSTEEN, MARTHA JANE			NAME			
STREET ADDRESS	PO BOX 608, NA			STREET ADDRESS			
CITY-ST-ZIP	CROSS CITY, FL			CITY-ST-ZIP			
TITLE	D	Delete <input type="checkbox"/>		TITLE	P Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>		
NAME	RIDDICK, DIANA			NAME			
STREET ADDRESS	P.O. BOX 249			STREET ADDRESS			
CITY-ST-ZIP	STEINHATCHEE, FL 32359			CITY-ST-ZIP			
TITLE	D	Delete <input type="checkbox"/>		TITLE			
NAME	LANGSTON, SUSAN			NAME			
STREET ADDRESS	P.O. BOX 1346			STREET ADDRESS			
CITY-ST-ZIP	CROSS CITY, FL 32628			CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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>Susan Langston</i>				4/27/2006 352-498-5762			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Date Daytime Phone #</small>			