

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07908

FILED  
Mar 25, 2009  
Secretary of State

**Entity Name:** UNITED CHRISTIAN SERVICES OF DIXIE COUNTY, INC.

**Current Principal Place of Business:**

264 NE 210 AVE  
P.O. BOX 1486  
CROSS CITY, FL 32628

**New Principal Place of Business:**

264 NE 210 AVE  
CROSS CITY, FL 32628

**Current Mailing Address:**

264 NE 210 AVE  
P.O. BOX 1486  
CROSS CITY, FL 32628

**New Mailing Address:**

**FEI Number:** 59-2495091      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

OSTEEN, MARTHA J  
491 NE 370 ST  
CROSS CITY, FL 32628      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: T      ( ) Delete  
Name: OSTEEN, MARTHA J  
Address: POB 608  
City-St-Zip: CROSS CITY, FL 32628

Title: S      ( ) Delete  
Name: SCULLY, NEIL  
Address: 107 SE 3RD AVENUE  
City-St-Zip: CROSS CITY, FL 32628

Title: S      ( ) Delete  
Name: SNELGROVE, BARBARA JEAN  
Address: 155 SE 18TH AVE/POB 841  
City-St-Zip: CROSS CITY, FL 32628

Title: D      ( ) Delete  
Name: OSTEEN, MARTHA JANE,  
Address: PO BOX 608,NA  
City-St-Zip: CROSS CITY, FL

Title: P      ( ) Delete  
Name: GEATHERS, JOHNNY  
Address: POB 1383  
City-St-Zip: CROSS CITY, FL 32628

Title: VP      ( ) Delete  
Name: HODGE, SHARON  
Address: 170 SW 5TH ST/POB 124  
City-St-Zip: CROSS CITY, FL 32628

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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

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

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: MARTHA JANE OSTEEN

TREA

03/25/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date