

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000004721

FILED
Feb 16, 2011
Secretary of State

Entity Name: UNITED CARE COMMUNITY FOUNDATION, INC.,

Current Principal Place of Business:

2001 PALM BEACH LAKES BLVD #301
WEST PALM BEACH, FL 33409

New Principal Place of Business:

2001 PALM BEACH LAKES BLVD #300-D
WEST PALM BEACH, FL 33409

Current Mailing Address:

3673 WHISPERWOOD CIRCLE
MELBOURNE, FL 32901

New Mailing Address:

4600 EXPLORER DRIVE
#201
WEST MELBOURNE, FL 32904

FEI Number: 27-0163133

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BONNEGUE-EGALITE, DOMINIQUE
3673 WHISPERWOOD CIRCLE
MELBOURNE, FL 32901 US

Name and Address of New Registered Agent:

BONNEGUE-EGALITE, DOMINIQUE
4600 EXPLORER DRIVE
#201
WEST MELBOURNE, FL 32904 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: DOMINIQUE BONNEGUE-EGALITE

02/16/2011

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P
Name: BONNEGUE-EGALITE, DOMINIQUE
Address: 4600 EXPLORER DRIVE #201
City-St-Zip: WEST MELBOURNE, FL 32904

Title: VP
Name: EGALITE, JOSUE
Address: 4600 EXPLORER DRIVE #201
City-St-Zip: WEST MELBOURNE, FL 32904

Title: ASST
Name: BONNEGUE, BIRGY
Address: 1684 FOREST HILL LAKE CIRCLE UNIT C
City-St-Zip: WEST PALM BEACH, FL 33406

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: DOMINIQUE BONNEGUE-EGALITE

P

02/16/2011

Electronic Signature of Signing Officer or Director

Date