2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12046

FILED Apr 30, 2006 Secretary of State

Entity Name: THE UNITED CHRISTIAN CHURCH OF CHRIST, INCORPORATION OF COCONUT GROVE, FLORIDA

Current Principal Place of Business: New Principal Place of Business: 3288 CHARLES AVENUE MIAMI, FL 33133 **Current Mailing Address: New Mailing Address:** PO BOX 330982 PO BOX 330982 MIAMI, FL 33133 MIAMI, FL 33233 FEI Number: 65-0038553 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: DUPREE, MARTHENIA D DR 4848 NW 24 CT # 109 LAUDERDALE LAKES, FL 33313 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition DINGLE, IRVIN Name: Name: 3076 ELIZABETH ST. Address: Address: City-St-Zip: MIAMI, FL 33133 City-St-Zip: Title: PD () Delete Title: () Change () Addition DUPREE, MARTHENIA Name: Name: Address: 4848 NW 24 CT. # 109 Address: City-St-Zip: LAUDERDALE LAKES, FL 33313 City-St-Zip: Title: () Delete Title: () Change () Addition GAVINS, ROSIE Name: Name: Address: 3611 OAK AVE. Address: City-St-Zip: MIAMI, FL 33133 City-St-Zip: Title: () Delete Title: () Change () Addition Name: DINGLE, DAVID Name: Address: 3370 WILLIAMS AVE Address: City-St-Zip: MIAMI, FL 33133 City-St-Zip: Title: () Delete Title: () Change () Addition DINGLE, ARLENA Name: Name: 3076 ELIZABETH STREET Address: Address: City-St-Zip: MIAMI, FL 33133 City-St-Zip: Title: () Delete Title: (X) Change () Addition YOUNG, SONJA TUCKER TAYLOR-DINGLE, MARION Name: Name: Address: 1370 NW 116 ST Address: 11601 LOUIS STREET MIAMI, FL 33167 MIAMI, FL 33176 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: MARTHENIA DUPREE PD 04/30/2006