

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N40514

FILED  
Jan 08, 2009  
Secretary of State

**Entity Name:** THE UNITED CHRISTIAN CENTER, INC.

**Current Principal Place of Business:**

6540 ALCESTER DR  
NEW PORT RICHEY, FL 34655 US

**New Principal Place of Business:**

**Current Mailing Address:**

6540 ALCESTER DR  
NEW PORT RICHEY, FL 34655 US

**New Mailing Address:**

**FEI Number:** 59-3043853

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ALLEN, HERMAN  
6540 ALCESTER DR  
NEW PORT RICHEY, FL 34655 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: D ( ) Delete  
Name: ALLEN, HERMAN  
Address: 6540 ALCESTER DR  
City-St-Zip: NEW PORT RICHEY, FL 34655 US

Title: D ( ) Delete  
Name: ALLEN, MARY G  
Address: 6540 ALCESTER DR  
City-St-Zip: NEW PORT RICHEY, FL 34655 US

Title: D ( ) Delete  
Name: ALLEN, KENDRICK L  
Address: 256 HEDGEROW LANE  
City-St-Zip: TARPON SPRINGS, FL 34689 US

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**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: D ( ) Change (X) Addition  
Name: WILSON, GLASS  
Address: 6436 STONE RD  
City-St-Zip: PORT RICHEY, FL 34668 US

Title: D ( ) Change (X) Addition  
Name: DENT, RADIAH  
Address: 1244 PALM ST  
City-St-Zip: CLEARWATER, FL 33755 US

Title: D ( ) Change (X) Addition  
Name: WILSON, NICOLE  
Address: 6901 EL CAMINO PALOMA AVE  
City-St-Zip: PORT RICHEY, FL 34668 US

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: REVEREND DR HERMAN ALLEN

DIR

01/08/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date