SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997 AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT **CORPORATION** ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

N96000001997 (3) DOCUMENT #

1. Corporation Name

UNITED COMMUNITY DEVELOPMENT, INC.

Principal Place of Business

Mailing Address

APPROVED AND FILED

1997 OCT -6 AM 10: 10

SECRETARY OF STATE TALLAHASSEE, FLORIDA



ORLANDO FL 32805-2649		ORLANDO FL 32805-2649		50.115		
				DO NOT WRITE 3. Date Incorporated or Qualified	IN THIS SPACE 3a. Date of Last Report	
				04/15/1996	3a. Date of Last Report	
	lace of Business	2a. Mailing Address	_	4. FEI Number	Applied For	
	N. Bumby Avenue	26 630 N. Bumb	<u>y Avenue</u>	59-3380885	Not Applicable	
Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional		
		27 Suite 224			Fee Required	
		City & State 28 Orlando, FL		6. Election Campaign Financing	\$5.00 May Be	
Zip Country Zip			Country	7.0001.01.000		
24 32803-492025 Orange 29 32803-4920 30 O			8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No			
9, Name and Address of Current Registered Agent			0,02490	10. Name and Address of New Registered Agent		
ALSTON, THOMAS N			20 -			
305 S. PARRAMORE AVE.			82 Street Address (P.O. Box Number is Not Acceptable) 630 N. Bumby Avenue			
ORLANDO FL 32805-2649			83	83 R. Dullby Avenue		
				ite 224		
			84 City	ando	FL 85 Zip Code 32803	
11. Pursuant t	to the provisions of Sections 617.0502	and 617.1508, Florida Statutes	the above-named	corporation submits this statement for the p	urpose of changing its registered	
office or re	egistered agent, or both, in the State of m familiar with, and accept the obligati	l Florida. Such change was aut ons of Section 617 0503. Florid	horized by the corp	poration's board of directors. I hereby accep	ot the appointment as registered	
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE						
SIGNATURE .	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: F	Registered Agent signature	e required when reinstating)	DATE	
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS IN 12	
TITLE	PD	□ DELETE	1.1 TITLE	C/D	Change 🔼 Addition	
NAME	ALSTON, THOMAS N		1.2 NAME	Kenneth L. Thomas		
STREET ADDRESS	1544 CROSSBEAM DR.		1.3 STREET ADDRESS	3527 Laughlin Road		
CITY-ST-ZIP	CASSELBERRY FL 32707		1.4 City-St-ZiP	Zellwooi, FL 32798		
TITLE	VD	▼ DELETE	2.1 TITLE	T/D	Change 🔀 Addition	
NAME	CUMMINGS, JOHN H		2.2 NAME	Kran Riley	İ	
STREET ADDRESS	2028 HAMPTON CIRCLE		2.3 STREET ADDRESS	2183 San Jose Boule	evard	
CITY-ST-ZIP	WINTER PARK FL 32792		2.4 CITY-ST-ZIP	Orlando, FL 32808		
TITLE	STD	☐ DELETE	3.1 TITLE	S/D	🔀 Change 🔲 Addition	
NAME	BARON, JOSEPH N		3.2 NAME		•	
STREET ADDRESS	3375 BARTOW RD.		3.3 STREET ADDRESS	2020 East Edgewood		
CITY-ST-ZIP	LAKELAND FL 33803	T ocurre	3.4. CITY-ST-ZIP	Lakelani, FL 33803		
TITLE		☐ DELETE	4.1 TITLE	D	☐ Change 🔀 Addition	
NAME			4.2 NAME	Pinkie Freeman		
STREET ODRESS			4.3 STREET ADDRESS	7300 Katy Noll Cour	t	
CITY-ST-ZIP		DEFETE	4.4 CITY-ST-ZIP	Orlando, FL 32808	1 0	
TITLE		☐ DELETE	5.1 TITLE	D	Change X Addition	
			5.2 NAME	Tandy Chiles-Barret		
STREET ADDRESS			5.3 STREET ADDRESS	2410 Sherbrooke Roa		
CITY-ST-ZIP TITLE	<u> </u>	DELETE	5.4 CITY - ST - ZIP	Winter Park, FL 32		
NAME		רי הנרבונ	6.1 TITLE	annos	Change A drion	
			6.2 NAME	3000023 -10/10/1	1 - 10 To 7	
STREET ADDRESS			6.3 STREET ADDRESS	また。	5	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information Indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

Alston 4/24/97

(407) 228 - 7301