

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000002659

FILED
Apr 30, 2006
Secretary of State

Entity Name: UNITED COMMUNITY OUTREACH, INC.

Current Principal Place of Business:

810 MCCORMICK ST.
LEESBURG, FL 34748

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 491003
LEESBURG, FL 34749

New Mailing Address:

FEI Number: 59-3447513 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BROWN, ALONZO C
7230 PLANTATION DRIVE
ORLANDO, FL 32818 US

Name and Address of New Registered Agent:

BROWN, ALONZO C
7230 PLANTAIN DRIVE
ORLANDO, FL 32818 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

04/30/2006

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BROWN, ALONZO C
Address: 7230 PLANTATION DR.
City-St-Zip: ORLANDO, FL 32818

Title: SD () Delete
Name: JENKINS, LUCY
Address: 1004 BEECHER STREET
City-St-Zip: LEESBURG, FL 34748

Title: TD () Delete
Name: TILLMAN, BEATRICE W
Address: 2115 HARLEM AVENUE
City-St-Zip: LEESBURG, FL 34748

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: BROWN, ALONZO C
Address: 7230 PLANTAIN DRIVE
City-St-Zip: ORLANDO, FL 32818

Title: SD (X) Change () Addition
Name: POTTER-JOHNSON, SHELBY MRS.
Address: 810 MCCORMICK STREET
City-St-Zip: LEESBURG, FL 34748

Title: TD (X) Change () Addition
Name: WILLIAMS, DELPHINE S MRS
Address: 810 MCCORMICK STREET
City-St-Zip: LEESBURG, FL 34748

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: ALONZO C. BROWN

Electronic Signature of Signing Officer or Director

PD

04/30/2006

Date