

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000001122

FILED
Apr 30, 2004
Secretary of State

Entity Name: UNITED CHRISTIAN SERVICES, INC.

Current Principal Place of Business:

2416 INDIAN TR. W.
PALM HARBOR, FL 34683

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 572
PALM HARBOR, FL 34682

New Mailing Address:

FEI Number: 59-3563460

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FAULKNER, MAGGIE C
2416 INDIAN TR. W.
PALM HARBOR, FL 34683 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: P/D () Delete
Name: FAULKNER, MARGARET C DR.
Address: 2416 INDIAN TR. W.
City-St-Zip: PALM HARBOR, FL 34683

Title: VP/D () Delete
Name: CHASON, WENDI DR.
Address: 358 MALLARD DR.
City-St-Zip: WESTIN, FL 33327

Title: S/D () Delete
Name: FARAVASHI, NATALIE REV.
Address: 3748 SABLEWOOD DR.
City-St-Zip: HOLIDAY, FL 34691 US

Title: T/D () Delete
Name: WNEK, ERIKA MS.
Address: 342 E. FOXCROFT DR.
City-St-Zip: PALM HARBOR, FL 34683

Title: D () Delete
Name: COSTALAS, LANA MS.
Address: 1769 WOOD BEND ST.
City-St-Zip: TARPON SPRINGS, FL 34689

Title: D () Delete
Name: MANLUCCI, LAURA D.
Address: 2542 FLINTWOOD DR.
City-St-Zip: HOLIDAY, FL 34691 US

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: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: MAGGIE C. FAULKNER

DR.

04/30/2004

Electronic Signature of Signing Officer or Director

Date