2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000001122

Entity Name: UNITED CHRISTIAN SERVICES, INC.

FILED Apr 29, 2005 Secretary of State

Current Principal Place of Business:	New Principal Place of Business
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2416 INDIAN TR. W. 1726 NEBRASKA AVENUE PALM HARBOR, FL 34683 PALM HARBOR, FL 34683

Current Mailing Address: New Mailing Address:

P.O. BOX 572 PALM HARBOR, FL 34682

FEI Number: 59-3563460 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

FAULKNER, MAGGIE C
2416 INDIAN TR. W.
PALM HARBOR, FL 34683 US
FAULKNER, G. MARGARET C DR.
1726 NEBRASKA AVENUE
PALM HARBOR, FL 34683 US
PALM HARBOR, FL 34683 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: DR. MARGARET FAULKNER 04/29/2005

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 P/D () Delete
 Title:
 P/D (X) Change () Addition

 Name:
 FAULKNER, MARGARET C DR.
 Name:
 FAULKNER, MARGARET C DR.

 Address:
 2416 INDIAN TR. W.
 Address:
 1726 NEBRASKA AVENUE

 City-St-Zip:
 PALM HARBOR, FL 34683
 City-St-Zip:
 PALM HARBOR, FL 34683

Title: VP/D () Delete Title: () Change () Addition

 Name:
 CHASON, WENDI DR.
 Name:

 Address:
 358 MALLARD DR.
 Address:

 City-St-Zip:
 WESTIN, FL 33327
 City-St-Zip:

 $\label{eq:title: S/D () Delete Title: D (X) Change () Addition} \end{minipage}$

 Name:
 FARAVASHI, NATALIE REV.
 Name:
 OSBRON, LINDA C.C.M.

 Address:
 3748 SABLEWOOD DR.
 Address:
 10733 FILLY LANE

 City-St-Zip:
 HOLIDAY, FL 34691 US
 City-St-Zip:
 HUDSON, FL 34667

Title: T/D () Delete Title: D (X) Change () Addition Name: WNEK, ERIKA MS. Name: WESTRBOOK, SHELLEY J C.C.M. Address: 342 E. FOXCROFT DR. Address: 8019 BEAVER CREEK LOOP

City-St-Zip: PALM HARBOR, FL 34683 City-St-Zip: HUDSON, FL 34667

Title: () Delete Title: (X) Change () Addition COSTALAS, LANA MS. BECKETT-MARTIN, JULIA Name: Name: 1769 WOOD BEND ST. 14 SHERIDAN CIR Address: Address: City-St-Zip: TARPON SPRINGS, FL 34689 City-St-Zip: SAVANAH, GA 31406

Title: D () Delete Title: D (X) Change () Addition

 Name:
 MANLUCCI, LÁÚRA D.
 Name:
 WATKINS, SÚSÁN

 Address:
 2542 FLINTWOOD DR.
 Address:
 4910 CROSS CREEK RD.

 City-St-Zip:
 HOLIDAY, FL 34691 US
 City-St-Zip:
 ARLINGTON, TX 76017

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: DR. MARGARET FAULKNER PRES 04/29/2005

Electronic Signature of Signing Officer or Director

Date