2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000001122

Entity Name: UNITED CHRISTIAN SERVICES INC

FILED Apr 19, 2007 Secretary of State

Entity Na	ine. ONITED	TINOTIAN GENVICES, INC.			
Current P	rincipal Place	of Business:	New Principal Place of Business:		
	RASKA AVENL RBOR, FL 3468				
Current Mailing Address:			New Mailing Address:		
P.O. BOX PALM HAF	572 RBOR, FL 3468	32			
FEI Number	: 59-3563460	FEI Number Applied For ()	FEI Number Not App	licable () Certificate of Status Desired ()	
Name and	l Address of C	urrent Registered Agent:	Name and	Address of New Registered Agent:	
1726 NEB	R, G. MARGAF RASKA AVENL RBOR, FL 3468	IE .			
	e named entity s e of Florida.	ubmits this statement for the p	urpose of changing	its registered office or registered agent, or both,	
SIGNATUI	RE:				
	Electron	c Signature of Registered Age	nt	Date	
OFFICER	S AND DIRECT	ORS:	ADDITION	IS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	. ,		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VP/D () CHASON, WENI 358 MALLARD I WESTIN, FL 33	DR.	Title: Name: Address: City-St-Zip:	D (X) Change () Addition CHASON, WENDI PH.D. 358 MALLARD DR. WESTIN, FL 33327	
Title: Name: Address: City-St-Zip:			Title: Name: Address: City-St-Zip:	D (X) Change () Addition FAULKNER, NICHOLAS M REV. 1726 NEBRASKA AVE PALM HARBOR, FL 34683	
Title: Name: Address: City-St-Zip:			Title: Name: Address: City-St-Zip:	D (X) Change () Addition MORRIS, JESSICA C.C.M. 1726 NEBRASKA AVE PALM HARBOR, FL 34683	
Title: Name: Address: City-St-Zip:	D () BECKETT-MAR 14 SHERIDAN C SAVANAH, GA	IR	Title: Name: Address: City-St-Zip:	D (X) Change () Addition UNDERHILL, JONATHAN S REV 1726 NEBRASKA AVE PALM HARBOR, FL 34683	
Title: Name: Address: City-St-Zip:	D (X) WATKINS, SUS, 4910 CROSS C ARLINGTON, TX	REEK RD.	Title: Name: Address: City-St-Zip:	()Change()Addition	

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: G. M. FAULKNER DR. 04/19/2007