

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000001122

FILED  
Mar 03, 2008  
Secretary of State

Entity Name: UNITED CHRISTIAN SERVICES, INC.

## Current Principal Place of Business:

1726 NEBRASKA AVENUE  
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, G. MARGARET REV DR  
1726 NEBRASKA AVENUE  
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 REV DR.  
Address: 1726 NEBRASKA AVENUE  
City-St-Zip: PALM HARBOR, FL 34683

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

Title: D ( ) Delete  
Name: FAULKNER, NICHOLAS M REV.  
Address: 1726 NEBRASKA AVE  
City-St-Zip: PALM HARBOR, FL 34683

Title: D ( ) Delete  
Name: MORRIS, JESSICA C.C.M.  
Address: 1726 NEBRASKA AVE  
City-St-Zip: PALM HARBOR, FL 34683

Title: D ( ) Delete  
Name: UNDERHILL, JONATHAN S REV  
Address: 1726 NEBRASKA AVE  
City-St-Zip: PALM HARBOR, FL 34683

## 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:

I hereby certify that the information supplied with this filing does not qualify 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: REV. DR. G. MARGARET FAULKNER

P/D

03/03/2008

Electronic Signature of Signing Officer or Director

Date