


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2005 8:00 am**  
**Secretary of State**

05-03-2005 90142 035 \*\*\*\*61.25

<b>DOCUMENT # P36617</b>	
1. Entity Name <b>UNITED CHURCH HOMES, INC.</b>	

Principal Place of Business <b>170 EAST CENTER STREET MARION, OH 43302</b>	Mailing Address <b>P.O. BOX 1806 MARION, OH 43301-1806 US</b>
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**50047016**



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

04222005 Chg-NP CR2E037 (10/03)

4. FEI Number <b>34-4429276</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324		Name <b>NRAI Services, Inc.</b>	
		Street Address (P.O. Box Number is Not Acceptable)	
		<b>2731 Executive Park Drive, Suite 4</b>	
		City <b>Weston</b>	FL Zip Code <b>33331</b>

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Paul Smith* DATE 4/29/05

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>Filing Fee is \$61.25 Due by May 1, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	<b>Make check payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	PD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ALLEN, BRIAN S.			NAME			
STREET ADDRESS	170 EAST CENTER STREET			STREET ADDRESS			
CITY-ST-ZIP	MARION, OH 433011806			CITY-ST-ZIP			
TITLE	CD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	COOLEY, ROGER L			NAME			
STREET ADDRESS	170 EAST CENTER STREET			STREET ADDRESS			
CITY-ST-ZIP	MARION, OH 43302			CITY-ST-ZIP			
TITLE	STD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BUCKTHAL, DONALD R DR.			NAME			
STREET ADDRESS	170 EAST CENTER STREET			STREET ADDRESS			
CITY-ST-ZIP	MARION, OH 433011806			CITY-ST-ZIP			
TITLE	TD	<input checked="" type="checkbox"/> Delete		TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	EDWARDS, THOMAS			NAME	WILKINS, WILLIAM R.		
STREET ADDRESS	170 EAST CENTER STREET			STREET ADDRESS	170 EAST CENTER STREET		
CITY-ST-ZIP	MARION, OH 433011806			CITY-ST-ZIP	MARION, OH 43301-1806		
TITLE	V	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BEACH, RONALD E			NAME			
STREET ADDRESS	170 EAST CENTER STREET			STREET ADDRESS			
CITY-ST-ZIP	MARION, OH			CITY-ST-ZIP			
TITLE	VCD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DUFFY, VIRGINIA REV			NAME			
STREET ADDRESS	170 EAST CENTER STREET			STREET ADDRESS			
CITY-ST-ZIP	MARION, OH 433011806			CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Ronald E. Beach* Ronald E. Beach Vice President, Financial Services 4/28/05 740-382-4885

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #