FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT
1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **701546** **(4)**

1. Corporation Name

ORMOND BEACH UNION CHURCH, INC.

Principal Place of Business	Mailing Address
56 N BEACH ST ORMOND BEACH FL 32174-5638	56 N BEACH ST ORMOND BEACH FL 32174-5638

3. Date Incorporated or Qualified: **10/17/1960**
3a. Date of Last Report: **10/17/1995**

2. Principal Place of Business — 21:
2a. Mailing Address — 26:
Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27:
City & State — 23:
City & State — 28:
Zip — 24:
Country — 25:
Zip — 29:
Country — 30:

4. FEI Number: **59-0915171** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

LOWENHAUPT, SAM B
49 CAPRI DR N
ORMOND BEACH FL 32174

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	SPROUL, DOROTHY		1.2 NAME	HARRY CRISS	
STREET ADDRESS	192 LINDENWOOD CR. W.		1.3 STREET ADDRESS	713 LUCERNE CR	
CITY-ST-ZIP	ORMOND BEACH FL 32174		1.4 CITY-ST-ZIP	ORMOND BEACH FL 32174	
TITLE	TD	☐ DELETE	2.1 TITLE	TD	☒ Change ☐ Addition
NAME	BATES, DAVID		2.2 NAME	ELENA LILLY	
STREET ADDRESS	204 ORMOND PKWY		2.3 STREET ADDRESS	204 N. RIDGEWOOD AVE	
CITY-ST-ZIP	ORMOND BEACH FL 32176		2.4 CITY-ST-ZIP	ORMOND BEACH FL 32174	
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	BROWDER, RAYMOND F		3.2 NAME		
STREET ADDRESS	593 N. RIDGEWOOD AVE		3.3 STREET ADDRESS		
CITY-ST-ZIP	ORMOND BEACH FL 32174		3.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	LOWENHAUPT, SAM B		4.2 NAME		
STREET ADDRESS	49 CAPRI DR N		4.3 STREET ADDRESS		
CITY-ST-ZIP	ORMOND BEACH FL 32174		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE	D	☒ Change ☐ Addition
NAME	APGAR, WILLIAM		5.2 NAME	HENRIETTE ANDERSON	
STREET ADDRESS	1600 S. FLAGLER AVE		5.3 STREET ADDRESS	94 OXBOW TRAIL	
CITY-ST-ZIP	FLGLER BEACH FL		5.4 CITY-ST-ZIP	ORMOND BEACH FL 32174	
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	THIELEN, CLYDE		6.2 NAME		
STREET ADDRESS	842 LUCERNE CR		6.3 STREET ADDRESS		
CITY-ST-ZIP	ORMOND BEACH FL 32174		6.4 CITY-ST-ZIP		

CR2E037 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: C. N. Thielen
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Clyde H. Thielen

February 2, 1996 (904) 677-3363
Date Daytime Phone #