FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1998**

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

FILED
Jan 30 1998 8:00am
Secretary of State

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

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

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)

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

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

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

BEACH, ROSE
183 S. RIDGEWOOD AVE.
ORMOND BEACH FL 32174

10. Name and Address of New Registered Agent

81 Name: SWEENEY, SHIRLEY
82 Street Address (P.O. Box Number is Not Acceptable): 24 Silk Oaks Drive
83
84 City: ORMOND BEACH FL 85 Zip Code: 32176

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: Shirley Sweeney — SHIRLEY SWEENEY - SECRETARY — 01-19-1998
Signature, typed or printed name of registered agent and title if applicable. (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	LOWENHAUPT, MARGIE		1.2 NAME	BARRY, JOAN	
STREET ADDRESS	49 CAPRI DR. N.		1.3 STREET ADDRESS	152 LONGWOOD DR	
CITY-ST-ZIP	ORMOND BEACH FL		1.4 CITY-ST-ZIP	ORMOND BEACH FL 32176	
TITLE	TD	☐ DELETE	2.1 TITLE	TD	☐ Change ☐ Addition
NAME	LILLY, ELENA		2.2 NAME	LILLY, ELENA	
STREET ADDRESS	204 N. RIDGEWOOD AVE.		2.3 STREET ADDRESS	204 N. RIDGEWOOD AVE	
CITY-ST-ZIP	ORMOND BEACH FL		2. 4 CITY-ST-ZIP	ORMOND BEACH FL 32174	
TITLE	D	☒ DELETE	3.1 TITLE	D	☒ Change ☐ Addition
NAME	BROWDER, RAYMOND F		3.2 NAME	KENNEDY, DENNIS	
STREET ADDRESS	593 N. RIDGEWOOD AVE		3.3 STREET ADDRESS	2 RED CEDAR CT	
CITY-ST-ZIP	ORMOND BEACH FL 32174		3.4. CITY-ST-ZIP	ORMOND BEACH FL 32174	
TITLE	S	☒ DELETE	4.1 TITLE	S	☒ Change ☐ Addition
NAME	BEACH, ROSE		4. 2 NAME	SWEENEY, SHIRLEY	
STREET ADDRESS	183 S. RIDGEWOOD AVE.		4.3 STREET ADDRESS	24 SILK OAKS DR	
CITY-ST-ZIP	ORMOND BEACH FL		4.4 CITY-ST-ZIP	ORMOND BEACH FL 32176	
TITLE	D	☐ DELETE	5.1 TITLE	D	☐ Change ☐ Addition
NAME	ANDERSON, HENRIETTA		5.2 NAME	ANDERSON, HENRIETTE	
STREET ADDRESS	94 OXBOW TR		5.3 STREET ADDRESS	94 OXBOW TR	
CITY-ST-ZIP	ORMOND BCH FL		5.4 CITY-ST-ZIP	ORMOND BEACH FL 32174	
TITLE	D	☒ DELETE	6.1 TITLE	D	☒ Change ☐ Addition
NAME	THIELEN, CLYDE		6.2 NAME	MOFFAT, EDWIN	
STREET ADDRESS	842 LUCERNE CR		6.3 STREET ADDRESS	23 RIVOCEAN DR	
CITY-ST-ZIP	ORMOND BEACH FL 32174		6.4 CITY-ST-ZIP	ORMOND BEACH FL 32176	

CR2E037 (10/97)

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: A.F. MATTHEWS, ASSISTANT TREAS — A.F. Matthews — **REQUIRED** — 01-19-1998 — (904) 677-3363