

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

FILED
Mar 14, 1996 08:00 AM
Secretary of State

DOCUMENT # 706070 (0)

1. Corporation Name

**FLORIDA CONFERENCE OF THE UNITED CHURCH OF CHRIS
T, INCORPORATED**

Principal Place of Business

Mailing Address

222 E. WELBOURNE
WINTER PARK FL 32789-4336
US

222 E. WELBOURNE AVE.
WINTER PARK FL 32789-4336
US



3. Date Incorporated or Qualified **08/22/1963** 3a. Date of Last Report **03/17/1995**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		26		59-0624399		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		<input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		28		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
23		28		29		30	
Zip		Country		Zip		Country	
24		25		29		30	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~BURNS, CHARLES K.~~
222 EAST WELBOURNE AVE.
WINTER PARK FL 32789

81 Name **TUCK, WILLIAM C.**
82 Street Address (P.O. Box Number is Not Acceptable) **222 EAST WELBOURNE AVENUE**
83
84 City **WINTER PARK** **FL** 85 Zip Code **32789**

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 **WILLIAM C. TUCK** *William C Tuck*

MARCH 4, 1996

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 <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SOUERS, SANFORD	1.2 NAME	
STREET ADDRESS	431 UNIV BLVD	1.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	1.4 CITY-ST-ZIP	
TITLE	T <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DONOFRAX JOHN	2.2 NAME	ROMIG, LARRY
STREET ADDRESS	6029 18TH AVE N	2.3 STREET ADDRESS	6029 18TH AVE N
CITY-ST-ZIP	ST PETERSBURG FL	2.4 CITY-ST-ZIP	ST PETERSBURG FL
TITLE	VD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLARK GARY	3.2 NAME	MILLER, ARNOLD
STREET ADDRESS	2100 DAY BLVD	3.3 STREET ADDRESS	7082 N W 3RD AVENUE
CITY-ST-ZIP	INDIAN ROCKS BEACH FL	3.4 CITY-ST-ZIP	BOCA RATON FL 33487
TITLE	SD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ATCHISON, JAMES	4.2 NAME	
STREET ADDRESS	1960 N. SWINTON AVE.	4.3 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH FL 33444	4.4 CITY-ST-ZIP	
TITLE	M <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURNS, CHARLES K.	5.2 NAME	TUCK, WILLIAM C.
STREET ADDRESS	222 E. WELBOURNE AVE.	5.3 STREET ADDRESS	222 EAST WELBOURNE AVENUE
CITY-ST-ZIP	WINTER PARK FL	5.4 CITY-ST-ZIP	WINTER PARK FL
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	800001744098 <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	-03/15/96--01019--002
STREET ADDRESS		6.3 STREET ADDRESS	***70.00
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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: **WILLIAM C. TUCK** *William C Tuck*

MARCH 4, 1996 407/645-5458

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95) PS 3/14/96