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Feb 03 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 706070 (0)
1. Corporation Name
FLORIDA CONFERENCE OF THE UNITED CHURCH OF CHRIST, INCORPORATED



Principal Place of Business 222 E. WELBOURNE WINTER PARK FL 32789-4336 US	Mailing Address 222 E. WELBOURNE AVE. WINTER PARK FL 32789-4336 US
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3. Date Incorporated or Qualified 08/22/1963	3a. Date of Last Report 03/14/1996
4. FEI Number 59-0624399	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent
**TUCK, WILLIAM C
222 EAST WELLBOURNE AVE.
WINTER PARK FL 32789**

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: *William C Tuck* **WILLIAM C. TUCK** 1/9/97
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	<input type="checkbox"/> DELETE
NAME	PO BOX SOUERS, SANFORD
STREET ADDRESS	481 UNIV BLVD
CITY - ST - ZIP	JACKSONVILLE FL
TITLE	<input type="checkbox"/> DELETE
NAME	T ROMIG, LARRY
STREET ADDRESS	6029 18TH AVE N
CITY - ST - ZIP	ST PETERSBURG FL
TITLE	<input type="checkbox"/> DELETE
NAME	VDX MILLER, ARNOLD
STREET ADDRESS	7082 NW 3RD AVENUE
CITY - ST - ZIP	BOCA RATON FL 33487
TITLE	<input type="checkbox"/> DELETE
NAME	SD ATCHISON, JAMES
STREET ADDRESS	1960 N. SWINTON AVE.
CITY - ST - ZIP	DELRAY BEACH FL 33444
TITLE	<input type="checkbox"/> DELETE
NAME	M TUCK, WILLIAM
STREET ADDRESS	222 E. WELBOURNE AVE.
CITY - ST - ZIP	WINTER PARK FL
TITLE	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	VD WILLIAM RING
1.3 STREET ADDRESS	2501 N. E. 30TH STREET
1.4 CITY - ST - ZIP	FT. LUADERDALE, FL 33306
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	PD
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do 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: *William C Tuck* **WILLIAM C. TUCK** 1/9/97 407/645-5458
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0012315

CFR2E037 (9/96)