
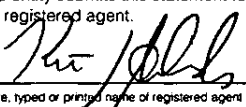
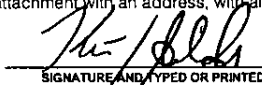


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 11, 2008 8:00 am**  
**Secretary of State**

02-11-2008 90059 015 \*\*\*\*70.00

|  |   |  |  |
|--|---|--|--|
| <b>DOCUMENT # 706070</b>   |   |                             |  |
| 1. Entity Name<br>FLORIDA CONFERENCE OF THE UNITED CHURCH OF CHRIST, INCORPORATED  |   |  |  |
| Principal Place of Business<br>924 N. MAGNOLIA AVENUE., SUITE 250<br>ORLANDO, FL 32803 US  |   | Mailing Address<br>924 N. MAGNOLIA AVENUE., SUITE 250<br>ORLANDO, FL 32803 US                                |  |
| 2. Principal Place of Business - No P.O. Box #   |   | 3. Mailing Address   |  |
| Suite, Apt. #, etc.  |   | Suite, Apt. #, etc.  |  |
| City & State   |   | City & State   |  |
| Zip  |   | Country  |  |
| City & State   |   | 4. FEI Number<br>59-0624399  |  |
| Zip  |   | Country  |  |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/>   |   | \$8.75 Additional Fee Required   |  |
| 6. Name and Address of Current Registered Agent  |   | 7. Name and Address of New Registered Agent  |  |
| RICHARDS, JACK C<br>924 N MAGNOLIA AVE<br>STE 250<br>ORLANDO, FL 32803   |   | Name<br>Siladi, Kent   |  |
|  |   | Street Address (P.O. Box Number is Not Acceptable)   |  |
|  |   | City<br>FL Zip Code  |  |
| 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   |   | DATE 2/5/08  |  |
| 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, 2008</b>  |   | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |  |
|  |   | <b>Make check payable to Florida Department of State</b>   |  |
| 10. OFFICERS AND DIRECTORS   |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | VD<br>BREWER, GARY<br>1250 S. DENNING DR., 112<br>WINTER PARK, FL 32789 <input checked="" type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | VD<br>Nutter, Ronald<br>3819 NW 40th Street<br>Gainesville, FL 32606 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | TD<br>THOMPkins, CHERLAYNE<br>20001 NW 63RD AVE.<br>HIALEAH, FL 33015 <input type="checkbox"/> Delete               | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | PD<br>WELLS, KIM<br>.2601 - 54TH AVE. S.<br>SAINT PETERSBURG, FL 33712 <input type="checkbox"/> Delete              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | SD<br>WHITE, DONALD<br>2700 N. A1A #1205<br>FORT PIERCE, FL 34949 <input type="checkbox"/> Delete                   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | M<br>RICHARDS, JACK C<br>924 N MAGNOLIA AVE STE 250<br>ORLANDO, FL 32803 <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | M<br>Siladi, Kent<br>924 N. Magnolia Ave, Ste 250<br>Orlando, FL 32803. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:    |   | DATE 2/5/08  |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   |   | Date Daytime Phone #   |  |