

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



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

FILED

95 FEB 17 PH 3: 27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 709376 (8)
1. Corporation Name
**THE UNITED CHURCH OF CHRIST (CONGREGATIONAL), IN
C.**

Principal Place of Business Mailing Address
**1824 SOUTH HARBOR CITY BLVD.
P.O. BOX 1513
MELBOURNE FL 32901**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 07/29/1965	3a. Date of Last Report 02/14/1994
4. FEI Number 59-1979167	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
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	2a. Mailing Address
21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip	Country
24	25
29	30

9. Name and Address of Current Registered Agent
**STREBLOW, STEVEN
697 DINNER ST, NE
PALM BAY FL 32907**

10. Name and Address of New Registered Agent

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

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	CD
NAME	STREBLOW, STEVE
STREET ADDRESS	697 DINNER STREET, NE
CITY-ST-ZIP	PALM BAY FL
TITLE	T
NAME	COTTON, TENA
STREET ADDRESS	1670 GADSDEN AVE., NW
CITY-ST-ZIP	PALM BAY FL
TITLE	D
NAME	GOLDNER, JOHN
STREET ADDRESS	296 RITTER AVE NE
CITY-ST-ZIP	PALM BAY FL
TITLE	D
NAME	HOZIER, SARAH
STREET ADDRESS	559 N RIO PINO
CITY-ST-ZIP	INDIALANTIC FL
TITLE	S
NAME	ROSS, ROBERT
STREET ADDRESS	1395 COX AVE NW
CITY-ST-ZIP	PALM BAY FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	D YOST, ALICE D.
3.3 STREET ADDRESS	1345 MIT CT. NW
3.4 CITY-ST-ZIP	PALM BAY, FL 32907
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	D CAPEN ROBERT D.
4.3 STREET ADDRESS	907 Bench Ave N.E
4.4 CITY-ST-ZIP	Palm Bay FL 32907
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 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 23 if changed, or on an attachment with an address.

SIGNATURE: SH Streblov **STEVEN H. STREBLOW** 2/6/95 (407) 724-7517
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR