

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

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

1824 SOUTH HARBOR CITY BLVD.
P.O. BOX 1513
MELBOURNE FL 32901

FILED

96 AUG 23 AM 9:26

SECRETARY OF STATE



2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

3. Date Incorporated or Qualified
07/29/1965

3a. Date of Last Report
02/17/1995

4. FEI Number

59-1979167

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes ☐ No ☒

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

STREBLOW, STEVEN
697 DINNER ST. NE
PALM BAY FL 32907

81 Name Robert B. Ross

82 Street Address (P.O. Box Number is Not Acceptable)

3220 Lago Vista Dr.

83 ~~Melbourne~~

84 City Melbourne

FL

85 Zip Code 32940

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

Robert B. Ross, Chairman of Trustees

8/5/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE CD
NAME STREBLOW, STEVE
STREET ADDRESS 697 DINNER STREET, NE
CITY-ST-ZIP PALM BAY FL

☒ DELETE

TITLE T
NAME COTTON, TENA
STREET ADDRESS 1670 GADSDEN AVE., NW
CITY-ST-ZIP PALM BAY FL

☐ DELETE

TITLE D
NAME YOST, ALICE D
STREET ADDRESS 1345 MIT CT NW
CITY-ST-ZIP PALM BAY FL

☒ DELETE

TITLE D
NAME CAPEN, ROBERT D
STREET ADDRESS 907 PEACH AVE NE
CITY-ST-ZIP PALM BAY FL

☒ DELETE

TITLE S
NAME ROSS, ROBERT
STREET ADDRESS 1395 COX AVE NW
CITY-ST-ZIP PALM BAY FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

000001932220
-08/27/96--01022--003

*****61.25 *****61.25

☐ Change ☐ Addition

☐ Change ☐ Addition

☒ Change ☐ Addition

☐ Change ☒ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Robert B. Ross

8/5/96

(407) 729-4720

0000187

CR2E037 (3/96)