

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

FILED

DOCUMENT # 709376 (8)

96 AUG 23 AM 9:26

1. Corporation Name
 THE UNITED CHURCH OF CHRIST (CONGREGATIONAL), IN C.

SECRETARY OF STATE



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

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

2. Principal Place of Business (21-23) and Mailing Address (24-30) fields with sub-headers for Suite, Apt. #, etc., City & State, Zip, and Country.

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 City: 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: *Robert B. Ross* Chain of Trustees 8/5/96
 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	CD	<input checked="" type="checkbox"/> DELETE
NAME	STREBLOW, STEVE	
STREET ADDRESS	697 DINNER STREET, NE	
CITY-ST-ZIP	PALM BAY FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	COTTON, TENA	
STREET ADDRESS	1670 GADSDEN AVE., NW	
CITY-ST-ZIP	PALM BAY FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	YOST, ALICE D	
STREET ADDRESS	1345 MIT CT NW	
CITY-ST-ZIP	PALM BAY FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	CAPEN, ROBERT D	
STREET ADDRESS	907 PEACH AVE NE	
CITY-ST-ZIP	PALM BAY FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	ROSS, ROBERT	
STREET ADDRESS	1395 COX AVE NW	
CITY-ST-ZIP	PALM BAY FL	
TITLE		<input type="checkbox"/> DELETE
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	000001932220
1.4 CITY-ST-ZIP	-08/27/96--01022--003
2.1 TITLE	****\$61.25 <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	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<i>8/5/96 file</i>
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	C/Tr
5.3 STREET ADDRESS	Ross, Robert
5.4 CITY-ST-ZIP	3220 Lago Vista Drive Melbourne FL 32940
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Tr/S
6.3 STREET ADDRESS	Cunningham, Bettye
6.4 CITY-ST-ZIP	1065 Glenham Drive NE Palm Bay FL 32905

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: *Robert B. Ross* REQUIRED 8/5/96 (407) 729-4720
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (3/96)