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 Apr 15 1997 8:00am
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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: 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 32901-4746

2. Principal Place of Business: 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24 25
 2a. Mailing Address: 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 30

3. Date Incorporated or Qualified: 07/29/1965
 3a. Date of Last Report: 08/23/1996
 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
 ROSS, ROBERT B
 3220 LOGO VISTA DRIVE
 MELBOURNE FL 32940

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: _____ (NOTE: Registered Agent signature required when re-registering) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	T.	<input checked="" type="checkbox"/> DELETE
NAME	COTTON, TENA	
STREET ADDRESS	1670 GADSDEN AVE., NW	
CITY-ST-ZIP	PALM BAY FL	
TITLE	TC	<input checked="" type="checkbox"/> DELETE
NAME	ROSS, ROBERT	
STREET ADDRESS	3220 LOGO VISTA DRIVE	
CITY-ST-ZIP	MELBOURNE FL 32940	
TITLE	TS	<input checked="" type="checkbox"/> DELETE
NAME	CUNNINGHAM, BETTYE	
STREET ADDRESS	1065 GLENHAM DRIVE NE	
CITY-ST-ZIP	PALM BAY FL 32095	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	STEVEN STREBLOW	
1.3 STREET ADDRESS	697 DINNER ST, NE	
1.4 CITY-ST-ZIP	PALM BAY, FL. 32907	
2.1 TITLE	TC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	MARGARET C. EISENMLNGER	
2.3 STREET ADDRESS	319 MEADOW WOOD LANE	
2.4 CITY-ST-ZIP	W. MELBOURNE, FL. 32904	
3.1 TITLE	TS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	ROGER S R KIMBALL JR	
3.3 STREET ADDRESS	89 BOSSIEUX BLVD	
3.4 CITY-ST-ZIP	W. MELBOURNE, FL 32904	
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 attached sheet with an address.

CR2E037 (9/96)