


FILE NOW: FILING FEE IS \$61.25

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Feb 16 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 709376 (8)**

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



Principal Place of Business <b>1824 SOUTH HARBOR CITY BLVD. P.O. BOX 1513 MELBOURNE FL 32901</b>	Mailing Address <b>1824 SOUTH HARBOR CITY BLVD. P.O. BOX 1513 MELBOURNE FL 32901</b>
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3. Date Incorporated or Qualified <b>07/29/1965</b>	
4. FEI Number <b>59-1979167</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

~~ROSS, ROBERT B  
3820 LOGO VISTA DRIVE  
MELBOURNE FL 32940~~

*Margaret Eisenmenger  
319 Meadow Wood Lane  
W. Melbourne, FL 32904*

10. Name and Address of New Registered Agent

**81** Name *Margaret Eisenmenger*

**82** Street Address (P.O. Box Number is Not Acceptable)  
*319 Meadow Wood Lane*

**83**

**84** City *W. Melbourne* **FL** **85** Zip Code *32904*

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 *Margaret C. Eisenmenger* DATE *2/5/98*

Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating.

12. OFFICERS AND DIRECTORS

TITLE	T	<input type="checkbox"/> DELETE
NAME	STREBLOW, STEVEN	
STREET ADDRESS	697 DINNER ST., N.E.	
CITY - ST - ZIP	PALM BAY FL - 32907	
TITLE	TC	<input type="checkbox"/> DELETE
NAME	EISENMENGER, MARGARET	
STREET ADDRESS	319 MEADOW WOOD LANE	
CITY - ST - ZIP	W. MELBOURNE FL - 32904	
TITLE	TS	<input type="checkbox"/> DELETE
NAME	KIMBALL, ROGERS R JR.	
STREET ADDRESS	89 BOSSIEUX BLVD.	
CITY - ST - ZIP	W. MELBOURNE FL - 32904	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
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	<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 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	
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 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 attachment with an address.

SIGNATURE: *Margaret C. Eisenmenger* 1/13/97 402-728-1715

CFR2E037 (10/97)