

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 16 1998 8:00am
Secretary of State

| | | |
|--|---|---|
| NONPROFIT CORPORATION ANNUAL REPORT 1998 |  | 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 |
|---|---|

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

3. Date Incorporated or Qualified

07/29/1965

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**

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

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

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

NOTE: Registered Agent signature required when reinstating)

2/5/98
DATE

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

CP2E037 (10/97)