

**2001 UNIFORM BUSINESS REPORT (UBR)**

1/3

**FILED**  
**Mar 01, 2001 8:00 am**  
**Secretary of State**

01-30-2001 90127 008 \*\*\*\*61.25

**DOCUMENT # 709376**

1. Entity Name

**THE UNITED CHURCH OF CHRIST (CONGREGATIONAL), IN**

Principal Place of Business

Mailing Address

1900 PALM BAY RD  
 PALM BAY FL 32906

BOX 62016  
 PALM BAY FL 32906-2016

28078



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1979167

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**EISENMENGER, MARGARET**  
**319 MEADOW WOOD LN**  
**WEST MELBOURNE FL 32904**

Name

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

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

*Margaret Eisenmenger*

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

(NOTE: Registered Agent signature required when reinstating)

1/16/01

DATE

**FILE NOW:**  
**FEE IS \$61.25**

9. Election Campaign Financing  
 Trust Fund Contribution.

**\$5.00 May Be Added to Fees**

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	T	<input type="checkbox"/> Delete
NAME	BRADLEY, KENT D	
STREET ADDRESS	390 CAKE VIEW DR	
CITY-ST-ZIP	MELBOURNE BEACH FL 32951-3229	
TITLE	TC	<input type="checkbox"/> Delete
NAME	EISENMENGER, MARGARET	
STREET ADDRESS	319 MEADOW WOOD LANE	
CITY-ST-ZIP	W. MELBOURNE FL 32907	
TITLE	TS	<input type="checkbox"/> Delete
NAME	HUFFORD, KATHLEEN	
STREET ADDRESS	1041 SUNSWEPT RD N.E.	
CITY-ST-ZIP	PALM BAY FL 32905	
TITLE	TR	<input checked="" type="checkbox"/> Delete
NAME	RHINEHART, PHYLLIS	
STREET ADDRESS	2346 WHITE SANDS CT	
CITY-ST-ZIP	PALM BAY FL 32907	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	T (Jens)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	390 LAKE VIEW DR	
CITY-ST-ZIP		
TITLE	T (C) (Moderator)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	T (S) (Sec.)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	T (Vice Moderator)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ann Pierce	
STREET ADDRESS	2320 DUNBAR Ave.	
CITY-ST-ZIP	Melbourne, FL 32901	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E037 (10/00)

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Margaret Eisenmenger* **Margaret Eisenmenger** 321-728-1715

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/16/01