

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 27, 2002 8:00 am
Secretary of State

03-27-2002 90004 003 ****61.25

DOCUMENT # 709376

1. Entity Name

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

Principal Place of Business

Mailing Address

1980 PALM BAY RD
 PALM BAY FL 32906

BOX 62016
 PALM BAY FL 32906-2016

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



DO NOT WRITE IN THIS SPACE

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 *Phyllis Rhinehart*

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

2346 White Sands CT

City *Palm Bay* FL Zip Code *32905*

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

Phyllis Rhinehart, moderator

3-11-02

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

(NOTE: Registered Agent signature required when reinstating)

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 Delete
 NAME **BRADLEY, KENT D**
 STREET ADDRESS **390 LAKE VIEW DR**
 CITY-ST-ZIP **MELBOURNE BEACH FL 32951-3229**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **TCM EISENMENGER, MARGARET**
 STREET ADDRESS **319 MEADOW WOOD LANE**
 CITY-ST-ZIP **W. MELBOURNE FL 32907**

TITLE Change Addition
 NAME *TSM Rhinehart, Phyllis*
 STREET ADDRESS *2346 White Sands Ct.*
 CITY-ST-ZIP *Palm Bay FL 32905*

TITLE Delete
 NAME **TS HUFFORD, KATHLEEN**
 STREET ADDRESS **1041 SUNSWEPT RD N.E.**
 CITY-ST-ZIP **PALM BAY FL 32905**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **TVM PIERCE, ANN**
 STREET ADDRESS **2320 DUNBAR AV**
 CITY-ST-ZIP **MELBOURNE FL 32901**

TITLE Change Addition
 NAME *TVM ~~Ann~~ Morris, John*
 STREET ADDRESS *512 Sandenling Dr.*
 CITY-ST-ZIP *Indianantic, FL 32903*

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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:

Phyllis Rhinehart Phyllis Rhinehart, 3-11-02 321-728-2779
 321-259-1922

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)