

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00 *2-16-95 B-1297-XC*

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 16 PM 3:14**

DOCUMENT # 812778 (9)
1. Corporation Name
MORAVIAN CHURCH IN AMERICA, SOUTHERN PROVINCE

Principal Place of Business Mailing Address
**459 S. CHURCH ST.
WINSTON-SALEM NC** **P. O. DRAWER M
WINSTON-SALEM NC 27100**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **05/12/1958** 3a. Date of Last Report **03/23/1994**
4. FEI Number **56-0552778** 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. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

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

9. Name and Address of Current Registered Agent
**MOTSINGER, JOHN JR.ESQ.
201 N. PALMETTO AVE.
ORLANDO FL 32801**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code **FL**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ (Signature, typed or printed name of registered agent and that of corporation) (NOTE: Registered Agent signature required when registering) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARRY, HILDA S	1.2 NAME	
STREET ADDRESS	4163 GLENN HIGH DR.	1.3 STREET ADDRESS	
CITY- ST- ZIP	WINSTON-SALEM NC	1.4 CITY- ST- ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOVENDER, RICHARD R	2.2 NAME	
STREET ADDRESS	RT. 1, BOX 5540, MURRAY RD.	2.3 STREET ADDRESS	
CITY- ST- ZIP	WINSTON-SALEM NC	2.4 CITY- ST- ZIP	
TITLE	ST	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HENDRIX, RONALD R	3.2 NAME	Cartner, Richard H.
STREET ADDRESS	459 S. CHURCH ST.	3.3 STREET ADDRESS	459 S. Church Street
CITY- ST- ZIP	WINSTON-SALEM NC	3.4 CITY- ST- ZIP	Winston-Salem NC
TITLE	PD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RIGHTS, GRAHAM H	4.2 NAME	
STREET ADDRESS	459 S. CHURCH ST.	4.3 STREET ADDRESS	
CITY- ST- ZIP	WINSTON-SALEM NC	4.4 CITY- ST- ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIDES, RICHARD L	5.2 NAME	
STREET ADDRESS	1642 PEMBROKE DRIVE	5.3 STREET ADDRESS	
CITY- ST- ZIP	WINSTON-SALEM NC 27103	5.4 CITY- ST- ZIP	
TITLE	VD	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCELVEEN, WILLIAM H	6.2 NAME	
STREET ADDRESS	392 LYNHAVEN DRIVE	6.3 STREET ADDRESS	
CITY- ST- ZIP	WINSTON-SALEM, NC NC	6.4 CITY- ST- ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 141.07(4)(a), 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. 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 of this report, or in an attachment with an address.

SIGNATURE: *Richard H. Cartner*
Richard H. Cartner Secretary/Treasurer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-1-95 910/722-7922
Date Registered Office