

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

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



Principal Place of Business: **459 S. CHURCH ST. WINSTON-SALEM NC**
Mailing Address: **P. O. DRAWER M WINSTON-SALEM NC 27108**

3. Date Incorporated or Qualified: **05/12/1958**
3a. Date of Last Report: **02/16/1995**

21. Principal Place of Business	2a. Mailing Address	4. FEI Number 56-0552778	Applied For <input type="checkbox"/> Not Applicable
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23. City & State	28. City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Zip	25. Country	29. Zip	30. Country
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	

**MOTSINGER, JOHN JR.ESQ.
201 N. PALMETTO AVE.
ORLANDO FL 32801**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL 85 Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	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 <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BOVENDER, RICHARD R	2.2 NAME	Sapp, Lane A.
STREET ADDRESS	RT. 1, BOX 5540, MURRAY RD.	2.3 STREET ADDRESS	600 Holly Avenue
CITY-ST-ZIP	WINSTON-SALEM NC	2.4 CITY-ST-ZIP	Winston-Salem, NC 27101
TITLE	ST <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARTNER, RICHARD H.	3.2 NAME	
STREET ADDRESS	459 S. CHURCH ST.	3.3 STREET ADDRESS	
CITY-ST-ZIP	WINTSTON-SALEM NC	3.4 CITY-ST-ZIP	
TITLE	PD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RIGHTS, GRAHAM H	4.2 NAME	Sawyer, Robert E.
STREET ADDRESS	459 S. CHURCH ST.	4.3 STREET ADDRESS	459 S. Church Street
CITY-ST-ZIP	WINSTON-SALEM NC	4.4 CITY-ST-ZIP	Winston-Salem, NC 27101
TITLE	D <input type="checkbox"/> DELETE	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 <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MCELVEEN, WILLIAM H	6.2 NAME	Johnson, George E.
STREET ADDRESS	392 LYNHAVEN DRIVE	6.3 STREET ADDRESS	PO Box 12486
CITY-ST-ZIP	WINSTON-SALEM, NC NC	6.4 CITY-ST-ZIP	Winston-Salem, NC 27107

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Richard H. Cartner* **Richard H. Cartner** 4-25-96 910/722-7922
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)