


FILE NOW: FILING FEE IS \$61.25

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Apr 09 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 812778 (9)**  
1. Corporation Name  
**MORAVIAN CHURCH IN AMERICA, SOUTHERN PROVINCE**



Principal Place of Business <b>459 S. CHURCH ST. WINSTON-SALEM NC</b>	Mailing Address <b>P. O. DRAWER M WINSTON-SALEM NC 27108-0378</b>
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3. Date Incorporated or Qualified <b>05/12/1958</b>	3a. Date of Last Report <b>05/01/1996</b>
4. FEI Number <b>56-0552778</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 Zip	25 Country
29 Zip	30 Country

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

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

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>BARRY, HILDA S</b>	
STREET ADDRESS	<b>4183 GLENN HIGH DR.</b>	
CITY-ST-ZIP	<b>WINSTON-SALEM NC</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>SAPP, LANE A</b>	
STREET ADDRESS	<b>600 HOLLY AVENUE</b>	
CITY-ST-ZIP	<b>WINSTON-SALEM NC</b>	
TITLE	<b>ST</b>	<input type="checkbox"/> DELETE
NAME	<b>CARTNER, RICHARD H.</b>	
STREET ADDRESS	<b>459 S. CHURCH ST.</b>	
CITY-ST-ZIP	<b>WINTSTON-SALEM NC</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>SAWYER, ROBERT E</b>	
STREET ADDRESS	<b>459 S. CHURCH STREET</b>	
CITY-ST-ZIP	<b>WINSTON-SALEM NC</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>SIDES, RICHARD L</b>	
STREET ADDRESS	<b>1842 PEMBROKE DRIVE</b>	
CITY-ST-ZIP	<b>WINSTON-SALEM NC 27103</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>JOHNSON, GEORGE E</b>	
STREET ADDRESS	<b>P.O. BOX 12486</b>	
CITY-ST-ZIP	<b>WINSTON-SALEM NC</b>	

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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	<b>D Johnson, George E</b>
6.3 STREET ADDRESS	<b>Po Box 12486 NA</b>
6.4 CITY-ST-ZIP	<b>Winston-Salem NC</b>

14. I do 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: *Richard H. Cartner* **Richard H. Cartner** 3-10-97 910/782-9922  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0075694

CR2E037 (9/96)