

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

**FILED**  
**Apr 16 1998 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</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</b>
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3. Date incorporated or Qualified <b>05/12/1958</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>	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <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	28 Zip
24 Country	29 Country
25	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

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 of 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAPP, LANE A	2.2 NAME	
STREET ADDRESS	600 HOLLY AVENUE	2.3 STREET ADDRESS	
CITY-ST-ZIP	WINSTON-SALEM NC	2.4 CITY-ST-ZIP	
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 type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAWYER, ROBERT E	4.2 NAME	
STREET ADDRESS	459 S. CHURCH STREET	4.3 STREET ADDRESS	
CITY-ST-ZIP	WINSTON-SALEM NC	4.4 CITY-ST-ZIP	
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	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, GEORGE E	6.2 NAME	
STREET ADDRESS	P O BOX 12486 N/A	6.3 STREET ADDRESS	
CITY-ST-ZIP	WINSTON-SALEM NC	6.4 CITY-ST-ZIP	

14. 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 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** 4-3-98 336-722-7922

CR2E037 (10/97)