2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT#812778

Entity Name: MORAVIAN CHURCH IN AMERICA, SOUTHERN PROVINCE

FILED Mar 06, 2002 8:00 AM Secretary of State

Current Principal Place of Business: 459 S. CHURCH ST. WINSTON-SALEM, NC Current Mailing Address: P. O. DRAWER M WINSTON-SALEM, NC 27108			New Principa	New Principal Place of Business: 459 S. CHURCH ST. WINSTON-SALEM, NC 27101 US New Mailing Address: P. O. DRAWER M WINSTON-SALEM, NC 27108 US		
			New Mailing			
FEI Number	: 56-0552778	FEI Number Applied For ()	FEI Number Not Applicat	ble () Certificate of Status Desired ()		
Name and	d Address of C	Current Registered Agent:	Name and Ad	ddress of New Registered Agent:		
201 N. PAI	ER, JOHN JR LMETTO AVE. D, FL 32801					
	e named entity e of Florida.	submits this statement for the p	ourpose of changing its r	registered office or registered agent, or bot		
SIGNATU	RE:					
	Electron	nic Signature of Registered Age	ent	Date		
OFFICERS AND DIRECTORS:		ADDITIONS/C	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS			
Title: Name: Address: City-St-Zip:	BOMBICK, BET 817 GALES AV		Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	D (SAPP, LANE A 600 HOLLY AV WINSTON-SAL		Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	ST (CARTNER, RIC 459 S. CHURC WINTSTON-SA	H ST.	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	PD (SAWYER, ROE 459 S. CHURC WINSTON-SAL	H STREET	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	SHELTON, THO 2086 FRIEDBE		Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	D (JOHNSON, GE 3666 CLINEZD PFAFFTOWN,	ALE AVE	Title: Name: Address: City-St-Zip:	()Change ()Addition		

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RICHARD H. CARTNER ST 03/06/2002