


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 07, 2005 8:00 am
Secretary of State

02-07-2005 90074 021 ****70.00

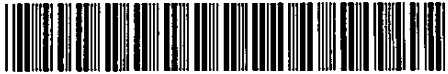
DOCUMENT # N0000003309	
1. Entity Name UNION CONGREGATIONAL CHURCH OF HALLANDALE, INC.	

Principal Place of Business 924 N MAGNOLIA AVE, SUITE 250 ORLANDO FL 32803	Mailing Address 924 N MAGNOLIA AVE, SUITE 250 ORLANDO FL 32803
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number 59-1381763	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

1st MOORE CR2E037 (10/04)

6. Name and Address of Current Registered Agent BORRIS DOUGLAS 924 N MAGNOLIA AVE, SUITE 250 ORLANDO FL 32803	7. Name and Address of New Registered Agent Name Richards, C. Jack Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *C. Jack Richards* **C. Jack Richards** 1/20/2005
Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25 Due By May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD REIMER, LARRY <input checked="" type="checkbox"/> Delete 1624 NW FIFTH AVE GAINESVILLE FL 32603-1609
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CAMPBELL, JEANETTE <input checked="" type="checkbox"/> Delete 6274 PALM VISTA PORT ORANGE FL 32128
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD FELDMAN, JUDY <input type="checkbox"/> Delete 13085 ORTEGA LANE MIAMI FL 33157
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Marx, Donald W. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 9008 SW 152nd Street Miami, FL 33157
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Laucks, Barbara <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3115 Hope Street Sebring, FL 33875
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *C. Jack Richards* **C. Jack Richards** 1/20/2005 407/835-7501
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #