

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N49282

FILED
Jan 19, 2009
Secretary of State

Entity Name: FEDERATION OF CONGREGATIONS UNITED TO SERVE, INC.

Current Principal Place of Business:

142 E. JACKSON STREET
ORLANDO, FL 32801 US

New Principal Place of Business:

406 E. AMELIA ST
ORLANDO, FL 32803 US

Current Mailing Address:

142 E. JACKSON STREET
ORLANDO, FL 32801 US

New Mailing Address:

406 E. AMELIA ST
ORLANDO, FL 32803 US

FEI Number: 59-3151613

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PHILLIPS, PETER
142 E. JACKSON ST.
ORLANDO, FL 32801 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VCD () Delete
Name: HUGHES, PHOEBE MRS.
Address: 4005 GOLFSIDE DRIVE
City-St-Zip: ORLANDO, FL 32808

Title: CD () Delete
Name: ERROL, THOMPSON REV.
Address: 535 WEST WASHINGTON ST.
City-St-Zip: ORLANDO, FL 32801

Title: SD () Delete
Name: HEICK, PATRICIA
Address: 3014 BOWMASTER COURT
City-St-Zip: ORLANDO, FL 32822

Title: TD () Delete
Name: TITUS, EDWARD
Address: 4740 S FERNCREEK
City-St-Zip: ORLANDO, FL 32806

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: PETER G. PHILLIPS

MR.

01/19/2009

Electronic Signature of Signing Officer or Director

Date