


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 08, 2006 08:00 AM
Secretary of State

DOCUMENT # N93000000527 1. Entity Name FLORIDA CONFERENCE OF THE UNITED CHURCH OF CHRIST ENDOWMENT FUND, INC.	
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Principal Place of Business 924 N MAGNOLIA AVE SUITE 250 ORLANDO FL 32803 US	Mailing Address 924 N MAGNOLIA AVE STE 250 ORLANDO FL 32803 US
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2. Principal Place of Business Suite, Apt #, etc.	3. Mailing Address Suite, Apt #, etc.
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1st MOORE CR2E037 (10/05)

City & State	4. FEI Number 59-3167868
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Applied For
Not Applicable


Zip	Country	Zip	Country
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent RICHARDS, JACK C 924 N MAGNOLIA AVE STE 250 ORLANDO FL 32803
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7. Name and Address of New Registered Agent Name 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  <small>Signature, typed or printed name of registered agent and title if applicable</small>	1/26/06 <small>DATE</small>
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FILE NOW: FEE IS \$61.25
Due By May 1, 2006

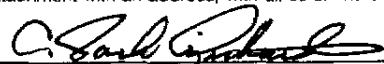
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS	
TITLE	TD FELDMAN, JUDY <input type="checkbox"/> Delete
NAME	13085 ORTEGA LANE
STREET ADDRESS	MIAMI FL 33157
CITY-ST-ZIP	
TITLE	M RICHARDS, JACK C <input type="checkbox"/> Delete
NAME	924 N MAGNOLIA AVE STE 250
STREET ADDRESS	ORLANDO FL 32803
CITY-ST-ZIP	
TITLE	PD MARX, DONALD W <input type="checkbox"/> Delete
NAME	9008 SW 152ND STREET
STREET ADDRESS	MIAMI FL 33157
CITY-ST-ZIP	
TITLE	SD GROVE, TERRY <input type="checkbox"/> Delete
NAME	825 E. ALTAMONTE DRIVE
STREET ADDRESS	ALTAMONTE SPRINGS FL 32701
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	02/18/06-80083-016 70.00
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	C. Jack Richards	1/26/06	407/835-750
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