

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 700971 (5)

1. Corporation Name

FIRST UNITED CHURCH OF CHRIST, INC.



Principal Place of Business

Mailing Address

HOLLYWOOD
200 NORTH 46TH AVENUE
HOLLYWOOD FL 33021

HOLLYWOOD
200 NORTH 46TH AVENUE
HOLLYWOOD FL 33021

3. Date Incorporated or Qualified

05/18/1960

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution



\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes



Yes



No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

STOUT, RAYMOND W
1227 FAIRLAKE TERR.
FT. LAUDERDALE, FL
DAVE FL 33328

81. Name

ROBERT D. SMITH

82. Street Address (P.O. Box Number is Not Acceptable)

11030 S.W. 42ND PLACE

83.

84. City

DAVIE

FL

85. Zip Code

33328

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 or registered agent, and 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

Robert D. Smith

ROBERT D. SMITH

DATE

4-8-96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	TR	<input type="checkbox"/> DELETE
NAME	SWACKHAMMER, VICTOR	
STREET ADDRESS	5615 FORREST ST.	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE	TR	<input checked="" type="checkbox"/> DELETE
NAME	ZBIERAJEWSKI KAZ	
STREET ADDRESS	4972 SW 10TH TER.	
CITY-ST-ZIP	COOPER CITY, FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	SUOMU, JOHN	
STREET ADDRESS	5001 N 36 ST	
CITY-ST-ZIP	HOLLYWOOD FL 33021	
TITLE	TR	<input checked="" type="checkbox"/> DELETE
NAME	SANDERS JOHNNY	
STREET ADDRESS	5740 SIMMS ST.	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME		
13. STREET ADDRESS		
14. CITY-ST-ZIP		
21. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME		
23. STREET ADDRESS		
24. CITY-ST-ZIP		
31. TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32. NAME	SUOMU	
33. STREET ADDRESS		
34. CITY-ST-ZIP		
41. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42. NAME		
43. STREET ADDRESS		
44. CITY-ST-ZIP		
51. TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
52. NAME	TR ROBERT D. SMITH	
53. STREET ADDRESS	11030 SW 42ND	
54. CITY-ST-ZIP	DAVIE, 33328	
61. TITLE	TR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
62. NAME	JAMES L. DEBORD	
63. STREET ADDRESS	5822 SW. 55TH AVE	
64. CITY-ST-ZIP	DAVIE FL 33314	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DAYTIME PHONE #

4-8-96 954-966-1148

CR2E037 (12/95)