


FILE NOW: FILING FEE IS \$61.25

FILED

Apr 17 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		 FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <b>700971</b> (5) 1. Corporation Name <b>FIRST UNITED CHURCH OF CHRIST, INC.</b>			
Principal Place of Business <b>HOLLYWOOD 200 NORTH 46TH AVENUE HOLLYWOOD FL 33021</b>		Mailing Address <b>HOLLYWOOD 200 NORTH 46TH AVENUE HOLLYWOOD FL 33021-6804</b>	
2. Principal Place of Business <b>21</b>		2a. Mailing Address <b>26</b>	
Suite, Apt. #, etc. <b>22</b>		Suite, Apt. #, etc. <b>27</b>	
City & State <b>23</b>		City & State <b>28</b>	
Zip <b>24</b>		Country <b>30</b>	
Country <b>25</b>		Country <b>29</b>	
9. Name and Address of Current Registered Agent <b>SMITH, ROBERT D. 11030 SW 42ND PLACE DAVE FL 33328</b>		10. Name and Address of New Registered Agent <b>81</b> Name <b>82</b> Street Address (P.O. Box Number is Not Acceptable) <b>83</b> <b>84</b> City <b>FL</b> <b>85</b> Zip Code	
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, or 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
12. OFFICERS AND DIRECTORS			
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
TR	SWACKHAMMER, VICTOR	5615 FORREST ST.	HOLLYWOOD FL
TR	DEBORD, JAMES L.	5822 SW 55TH AVE	DAVE FL
T	SUOMU, JOHN	5001 N 36 ST	HOLLYWOOD FL
TR	SMITH, ROBERT D.	11030 SW 42ND PLACE	DAVE FL
TR	ANNE AMERMAN	5200 JACKSON ST	HOLLYWOOD FL 33021
TR	RICHARD DODGE	413 N. 28TH AVE	HOLLYWOOD FL 33021
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
1.1 TITLE			
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE			
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE			
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE			
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE			
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE			
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			
14. I do 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 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: _____ DATE: 3/30/97 DAYTIME PHONE: 954-903-2603			



CR2E037 (9/96)