


FILE NOW: FILING FEE IS \$61.25

FILED
Apr 19, 1999 8:00 am
Secretary of State

04-19-1999 90077 037 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # 700971

1. Corporation Name

FIRST UNITED CHURCH OF CHRIST, INC.

Principal Place of Business

HOLLYWOOD
200 NORTH 46TH AVENUE
HOLLYWOOD FL 33021

Mailing Address

HOLLYWOOD
200 NORTH 46TH AVENUE
HOLLYWOOD FL 33021



2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	3. Date Incorporated or Qualified 05/18/1960 4. FEI Number NOT APPLICABLE 5. Certificate of Status Desired <input type="checkbox"/> 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>
---	--	---

Applied For
Not Applicable
\$8.75 Additional
Fee Required
\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

SMITH, ROBERT D.
11030 SW 42ND PLACE
DAVIE FL 33328

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

T
NAME TAYLOR, ALICE
STREET ADDRESS 10050 SW 9TH CT
CITY-ST-ZIP PEMBROKE PINES FL 33025

T
NAME DEBORD, MARGARET
STREET ADDRESS 5822 SW 55TH AVE
CITY-ST-ZIP DAVIE FL 33314

TR
NAME SMITH, ROBERT D.
STREET ADDRESS 11030 SW 42ND PLACE
CITY-ST-ZIP DAVIE FL

TR
NAME AMERMAN, ANNE
STREET ADDRESS 5200 JACKSON ST
CITY-ST-ZIP HOLLYWOOD FL

TR
NAME DODGE, RICHARD
STREET ADDRESS 413 N 28TH AVE
CITY-ST-ZIP HOLLYWOOD FL

☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

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

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

14. 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

4/12/99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)