

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 31, 2003 8:00 am
Secretary of State

01-31-2003 90369 026 ****61.25

DOCUMENT # 700971	
1. Entity Name FIRST UNITED CHURCH of CHRIST, INC.	

DO NOT WRITE IN THIS SPACE

90014525

2. Principal Place of Business Hollywood	3. Mailing Address 200 N 46th Avenue
Suite, Apt. #, etc.	Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State Hollywood, FL	City & State Hollywood, FL	4. FEI Number 59-111742	Applied For ☐
Zip 33021	Country US	Zip 33021	Country US
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name VICTOR SWACKHAMMER
Street Address (P.O. Box Number is Not Acceptable) 5615 FORREST ST.
City Hollywood
State FL
Zip Code 33021

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FEE IS \$61.25 Initial or Amended UBR	9. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MD ZBIERA TEWSKI, KAZMIERZ 3170 NW 93 AVE SUNRISE, FL 33351	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRT MENGENSEN, NESHA 114 BRIARWOOD CIRCLE HOLLYWOOD, FL 33024	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRT GARDNER, JAMES 2402 Carlyle Lane Hollywood, FL 33021	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST ZBIERA TEWSKI, NANCY 3170 NW 93 AVE SUNRISE, FL 33351	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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IN THIS SPACE**

12. 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 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 on an attachment with an address with all other like empowered.

SIGNATURE: *Victor Swackhammer* 1-29-03 954-983-2697
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037B (12/02)