

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAR -2 PM 2: 56

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # 701552 (2)
1. Corporation Name
FIRST UNITED CHURCH OF CHRIST OF ORLANDO, INC.

Principal Place of Business Mailing Address
4605 CURRY FORD ROAD 4605 CURRY FORD ROAD
ORLANDO FL 32812 ORLANDO FL 32812

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 10/18/1960	3a. Date of Last Report 02/14/1994
4. FEI Number 23-7450935	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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29

9. Name and Address of Current Registered Agent

**MORRISON, PHILIP
3401 MARSTON DR
ORLANDO FL 32812**

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DT
NAME	HOLT GREG
STREET ADDRESS	4874 FAYANN STREET
CITY - ST - ZIP	ORLANDO FL 32812
TITLE	DV
NAME	DEITZO, DOTTIE
STREET ADDRESS	5026 PELLEPORT AVE.
CITY - ST - ZIP	ORLANDO FL 32812
TITLE	DS
NAME	SMITH, BONNIE
STREET ADDRESS	5124 ST MICHAEL
CITY - ST - ZIP	ORLANDO FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DT	☒ Change ☐ Addition
1.2 NAME	Roderick McClure	
1.3 STREET ADDRESS	5325 Chatsworth Ct.	
1.4 CITY - ST - ZIP	Orlando, Florida 32812	
2.1 TITLE	DV	☒ Change ☐ Addition
2.2 NAME	Milton Denker	
2.3 STREET ADDRESS	8826 Mescalero St.	
2.4 CITY - ST - ZIP	Orlando, Florida 32829	
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

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 110.07(3)(k), Florida Statutes. I further certify that the information included 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

Bonnie Smith
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Bonnie Smith

2/22/95

857-5017

(Date)

(Telephone Number)