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 # 701552 (2)

1. Corporation Name

FIRST UNITED CHURCH OF CHRIST OF ORLANDO, INC.

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

3. Date Incorporated or Qualified: 10/18/1960
3a. Date of Last Report: 03/02/1995

2. Principal Place of Business (21):
2a. Mailing Address (26):

Suite, Apt. #, etc. (22):
Suite, Apt. #, etc. (27):

City & State (23):
City & State (28):

Zip (24): Country (25):
Zip (29): Country (30):

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

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: Bonnelle H. Smith (Bonnie)
82 Street Address (P.O. Box Number is Not Acceptable): 5124 St. MIchael
83:
84 City: Orlando FL 85 Zip Code: 32812

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: Bonnelle H. Smith DATE: 4/19/96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DT	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	MCCLURE, RODERICK		1.2 NAME		
STREET ADDRESS	5325 CHATSWORTH CT		1.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL		1.4 CITY-ST-ZIP		
TITLE	DV	☒ DELETE	2.1 TITLE	DV	☐ Change ☒ Addition
NAME	DENKER, MILTON		2.2 NAME	Dana Mc Crystal	
STREET ADDRESS	8826 MESCALERO ST		2.3 STREET ADDRESS	2806 Walnut Street	
CITY-ST-ZIP	ORLANDO FL		2.4 CITY-ST-ZIP	Orlando, Florida 32806	
TITLE	DS	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	SMITH, BONNIE		3.2 NAME		
STREET ADDRESS	5124 ST MICHAEL		3.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL		3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE	DP	☐ Change ☒ Addition
NAME			4.2 NAME	F. Thomas Hahn	
STREET ADDRESS			4.3 STREET ADDRESS	5108 Jeannine Court	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	Orlando, Florida 32807	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (12/95)

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: F. Thomas Hahn 4/19/96 260 8494
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
F. Thomas Hahn