

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 04 1998 8:00am  
Secretary of State

|                                                          |                                                                                   |                                                                                                           |
|----------------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|
| NONPROFIT<br>CORPORATION<br>ANNUAL REPORT<br><b>1998</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|----------------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|

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



|                                                  |                                                  |
|--------------------------------------------------|--------------------------------------------------|
| Principal Place of Business                      | Mailing Address                                  |
| <b>4805 CURRY FORD ROAD<br/>ORLANDO FL 32812</b> | <b>4605 CURRY FORD ROAD<br/>ORLANDO FL 32812</b> |

|                                                                                                                                                              |                                                        |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|
| 3. Date Incorporated or Qualified<br><b>10/18/1960</b>                                                                                                       |                                                        |
| 4. FEI Number<br><b>23-7450935</b>                                                                                                                           | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                    | <b>\$8.75</b> Additional Fee Required                  |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>                                                                              | <b>\$5.00</b> May Be Added to Fees                     |
| 7. Is this nonprofit corporation a homeowners association?<br><input type="checkbox"/> Yes <input type="checkbox"/> No                                       |                                                        |
| 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> 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                         | 28 Zip                 |
| 24 Country                     | 29 Country             |
| 25                             | 30                     |

9. Name and Address of Current Registered Agent  
**BONNELLE H. SMITH (BONNIE)  
5124 ST. MICHAEL  
ORLANDO FL 32812**

|                                                       |
|-------------------------------------------------------|
| 81 Name<br><b>BONNELLE H. SMITH (BONNIE)</b>          |
| 82 Street Address (P.O. Box Number is Not Acceptable) |
| 83                                                    |
| 84 City<br><b>FL</b>                                  |
| 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 \_\_\_\_\_ DATE \_\_\_\_\_  
(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating))

| 12. OFFICERS AND DIRECTORS |                                               |
|----------------------------|-----------------------------------------------|
| TITLE                      | DT <input type="checkbox"/> DELETE            |
| NAME                       | <b>MCCLURE, RODERICK</b>                      |
| STREET ADDRESS             | <b>5325 CHATSWORTH CT</b>                     |
| CITY-ST-ZIP                | <b>ORLANDO FL</b>                             |
| TITLE                      | DV <input checked="" type="checkbox"/> DELETE |
| NAME                       | <b>DANA MCCRYSTAL</b>                         |
| STREET ADDRESS             | <b>2806 WALNUT STREET</b>                     |
| CITY-ST-ZIP                | <b>ORLANDO FL</b>                             |
| TITLE                      | DS <input type="checkbox"/> DELETE            |
| NAME                       | <b>SMITH, BONNIE</b>                          |
| STREET ADDRESS             | <b>5124 ST MICHAEL</b>                        |
| CITY-ST-ZIP                | <b>ORLANDO FL</b>                             |
| TITLE                      | SP <input checked="" type="checkbox"/> DELETE |
| NAME                       | <b>F. THOMAS HAHN</b>                         |
| STREET ADDRESS             | <b>5108 JEANNINE COURT</b>                    |
| CITY-ST-ZIP                | <b>ORLANDO FL</b>                             |
| TITLE                      | DV <input checked="" type="checkbox"/> DELETE |
| NAME                       | <b>DISSELHORST, LEONARD</b>                   |
| STREET ADDRESS             | <b>P.O. BOX 678027</b>                        |
| CITY-ST-ZIP                | <b>ORLANDO FL 32867</b>                       |
| TITLE                      | <input type="checkbox"/> DELETE               |
| NAME                       |                                               |
| STREET ADDRESS             |                                               |
| CITY-ST-ZIP                |                                               |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                                                                              |
|-------------------------------------------------------|------------------------------------------------------------------------------|
| 1.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 1.2 NAME                                              |                                                                              |
| 1.3 STREET ADDRESS                                    |                                                                              |
| 1.4 CITY-ST-ZIP                                       |                                                                              |
| 2.1 TITLE                                             | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME                                              | <b>DV</b>                                                                    |
| 2.3 STREET ADDRESS                                    | <b>CHARLOTTE SAUTER</b>                                                      |
| 2.4 CITY-ST-ZIP                                       | <b>2218 McMAHON COURT</b>                                                    |
| 3.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 3.2 NAME                                              |                                                                              |
| 3.3 STREET ADDRESS                                    |                                                                              |
| 3.4 CITY-ST-ZIP                                       | <b>ORLANDO, FL 32812</b>                                                     |
| 4.1 TITLE                                             | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME                                              | <b>DP</b>                                                                    |
| 4.3 STREET ADDRESS                                    | <b>STEVEN SAMSON</b>                                                         |
| 4.4 CITY-ST-ZIP                                       | <b>722 E. Michigan St. #110</b>                                              |
| 5.1 TITLE                                             | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME                                              |                                                                              |
| 5.3 STREET ADDRESS                                    |                                                                              |
| 5.4 CITY-ST-ZIP                                       | <b>ORLANDO, FL 32806</b>                                                     |
| 6.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 6.2 NAME                                              |                                                                              |
| 6.3 STREET ADDRESS                                    |                                                                              |
| 6.4 CITY-ST-ZIP                                       |                                                                              |

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Bonnie H. Smith* **BONNELLE H. SMITH** **407-857-5017**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/97)