2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Jan 18, 2005 8:00 am Secretary of State

DOCUMENT # 701552 1. Entity Name FIRST UNITED CHURCH OF CHRIST OF ORLANDO, INC.				01-18-2005 90045 001 ****61.25	
Principal Plac 4605 CURRY ORLANDO, F	FORD ROAD	Mailing Address 4605 CURRY FORD ROAL ORLANDO, FL 32812)	40002243	
2. Principal P	Mace of Business	3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01102005 Chg-NP CR2E037 (10/03)	
City & State		City & State		4. FEI Number Applied For 23-7450935 Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired Security \$8.75 Additional Fee Required	
11818 SCA	6. Name and Address of Current R DUGH, JOHN ARECROW LANE D, FL 32821		City o Ru	LANDO FL Zip Code 32812	
	named entity submits this statement for tions of registered agent. Signalure, typed or printed white of registered agent and Filling Fee is \$61.25 Due by \$62.37 1, 2005	e RODERIO	J. Me Registered Agent signature re paign Financing	\$5.00 May Be Make check payable to	
10.	OFFICERS AND DIRE	CTORS	11,	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD YARBOROUGH, JOHN 11818 SCARECROW LANE ORLANDO, FL 32821	□ Dekte	TITLE NAME STREET ADDRESS CITY-ST-ZIP	POMECLURE, Rodetic Change Addition 5325 chatsworth CT orlando, FL 32812	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MCCLURE, ROD 5325 CHATSWORTH COURT ORLANDO, FL 32812	☐ Deliste	TITLE RAME STREET ADDRESS CITY-ST-ZIP	Weils, David Parise Addition 525 South Conway #207 Orlando, FL 32807	
TITLE NAME STREET ADDRESS. CITY-ST-ZIP	TD COLES, L. PAT 1734 ROSE GARDEN LANE ORLANDO, FL 32825	☐ Dericité	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Additio	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SCHRADER, JOYCE 2805 SUGARHILL COURT ORLANDO, FL 32822	☐ Delicite	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Additio	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	. :	. □ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Additio	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	\$	C Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addiàio	
indicated of the cor	on this report or supplemental report is t	rue and accurate and that my vered to execute this report as	signature shall have required by Chapte	In Section 119.07(3)(i), Florida Statutes. I further certify that the information e the same legal effect as if made under oath; that I am an officer or director er 617. Florida Statutes; and that my name appears in Block 10 or Block 11 if	
J. W. 1511		INTED NAME OF SIGNING OFFICER OF	DIRECTOR	Date Daytime Phone #	