

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2008 8:00 am
Secretary of State

02-14-2008 90015 007 ****61.25

DOCUMENT # 701552

1. Entity Name
FIRST UNITED CHURCH OF CHRIST OF ORLANDO, INC.



Principal Place of Business
**4605 CURRY FORD ROAD
ORLANDO, FL 32812**

Mailing Address
**4605 CURRY FORD ROAD
ORLANDO, FL 32812**

DO NOT WRITE IN THIS SPACE



01082008 No Chg-NP CR2E037 (4/06)

4. FEI Number
23-7450935

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**WELLS, DAVID
525 SOUTH CONWAY RD
SUITE 202
ORLANDO, FL 32807**

**DO NOT WRITE
IN THIS SPACE**

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

David H Wells

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

(NOTE: Registered Agent signature required when releasing)

1-17-08

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	WELLS, DAVID
STREET ADDRESS	525 SOUTH CONWAY # 202
CITY-ST-ZIP	ORLANDO, FL 32807
TITLE	TD
NAME	COLES, L. PAT
STREET ADDRESS	1734 ROSE GARDEN LANE
CITY-ST-ZIP	ORLANDO, FL 32825
TITLE	SD
NAME	SCHRADER, JOYCE
STREET ADDRESS	2805 SUGARHILL COURT
CITY-ST-ZIP	ORLANDO, FL 32822
TITLE	VP
NAME	CALABRESE, AUGUST
STREET ADDRESS	3040 BARNSTABLE PL
CITY-ST-ZIP	ORLANDO, FL 32827
TITLE	member
NAME	Carol Carver
STREET ADDRESS	2020 Bel Air Ave Orlando FL
CITY-ST-ZIP	32812
TITLE	member
NAME	Emma Huff
STREET ADDRESS	1401 South Fern Creek
CITY-ST-ZIP	Orlando FL 32806

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

David H Wells *David H Wells*

SIGNATURE AND TYPED OR PRINTED NAME OF SORING OFFICER OR DIRECTOR

1-17-08

Date

407-402-9252

Daytime Phone