FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 12 PM 12:16

DOCUMENT # **706032** **(0)**

1. Corporation Name
THE UNITED CHURCH OF LEISURE CITY, INC.

Principal Place of Business	Mailing Address
29800 SW 153 COURT LEISURE CITY FL 33033	29800 SW 153 COURT LEISURE CITY FL 33033

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **08/12/1963**
3a. Date of Last Report: **07/06/1994**
4. FEI Number: **59-1004599** ☐ 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	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

MARXEN, DIANE
16760 S.W. 301 ST.
HOMESTEAD FL 33030

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 _____ DATE
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	P	1.1 TITLE		☐ Change ☐ Addition
NAME	STANLEY, KIM	1.2 NAME		
STREET ADDRESS	344 NW SECOND STREET	1.3 STREET ADDRESS		
CITY-ST-ZIP	FLORIDA CITY FL	1.4 CITY-ST-ZIP		
TITLE	D	2.1 TITLE		☐ Change ☐ Addition
NAME	LINCOLN, CATHERINE	2.2 NAME		
STREET ADDRESS	28500 S.W. 146TH AVE.	2.3 STREET ADDRESS		
CITY-ST-ZIP	HOMESTEAD FL	2.4 CITY-ST-ZIP		
TITLE	SD	3.1 TITLE	S	☒ Change ☐ Addition
NAME	BROWN, VIRGINIA	3.2 NAME	BROWN VIRGINIA	
STREET ADDRESS	14841 AVOCADO DRIVE	3.3 STREET ADDRESS	14841 AVOCADO DRIVE	
CITY-ST-ZIP	LEISURE CITY FL	3.4 CITY-ST-ZIP	HOMESTEAD FL 33033	
TITLE	T	4.1 TITLE	T	☒ Change ☐ Addition
NAME	MARYER, DIANE	4.2 NAME	MARXEN, DIANE	
STREET ADDRESS	16760 SW 301 STREET	4.3 STREET ADDRESS	16760 SW 301 Street	
CITY-ST-ZIP	HOMESTEAD FL	4.4 CITY-ST-ZIP	HOMESTEAD FL 33030	
TITLE	V	5.1 TITLE	V	☒ Change ☐ Addition
NAME	LETT, CANDACE	5.2 NAME	LANDON, DIANE	
STREET ADDRESS	14830 LINCOLN DRIVE	5.3 STREET ADDRESS	15450 SW 496 STREET	
CITY-ST-ZIP	HOMESTEAD FL	5.4 CITY-ST-ZIP	HOMESTEAD FL 33033	
TITLE		6.1 TITLE	D	☐ Change ☒ Addition
NAME		6.2 NAME	PEELER, WINIFRED	
STREET ADDRESS		6.3 STREET ADDRESS	645 SW 5 TERRACE	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	FLORIDA CITY FL 33034	

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)(i), 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: Kim D. Stanley Kim D. Stanley 4/6/95 305-633-6461 ext 7235
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Title — Daytime Phone #