FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



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

1996

DOCUMENT # 706032

(0)

THE UNITED	CHURCH O	F LEISURF	CITY.	INC.
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Principal Place of Business Mailing Address							1101 01011 01811 010FF 010F	(A1861 SIBIT 1881	
29800 SW 153 COURT 29800 SW 153 COURT LEISURE CITY FL 33033 LEISURE CITY FL 33033									
						3. Date Incorporated or Qualified 08/12/1963	3a. Date of Last 04/12/1		
Principal Place of Business 2a. Mailing Address						4. FEI Number		Applied For	_
21 Suito Ant	26 Suite, Apt. #, etc. Suite. Apt. # etc.			59-1004599			Not Applicable		
22	27				5. Certificate of Status Desired S8.75 Additional Fee Required				
City & State	City & State				6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees				
Zip	Country	Zip	_	untry		8. This corporation has liability for int		199.032,	
24	25		30	T			Yes No		
	9. Name and Address of Current	Hegistered Agent		81 Name		10. Name and Address of New Re	gistered Agent		4
MADVEA	Part Part	Was Fred		81 Name	Pee	ler Wini Free	, k		
		Wini fred				(P.O. Box Number is Not Acceptable			_
-HUNES.		w 5 Terrace		83	(62	SW 5 lec	racl		\dashv
TIOMEO	FLORIC	DA CITY FL		FI	ori	Na City			
		•		84 City			FL 85 3	Code //	7
11. Pursuant t	to the provisions of Sections 617.0502 a	nd 617.1508, Florida Statutes.	the abo	ove-named c	orporatio	on submits this statement for the purpo	on of changing its	edistered office	_
or redister	ed agent, or both, in the State of Florida th, and accept the obligations of Section	- SHCO CRADDE Was alifborized	by the	corporation's	board c	of directors. I hereby accept the appoir	ntment as registered	agent. I am	Ĭ
SIGNATURE	11/miles	Voola				4-	27-96		
/	Signature, typed or printed of rie of registered agent an		Registered	d Agent signature	required wh		DATE		۔ ا
12.	OFFICERS AND		13.		· · ·	ADDITIONS/CHANGES TO OFFIC			CR2E037 (12/95)
TITLE	P OTANIEN NIN	DELETE	1.1 T				Change	Addition Addition	12
NAME	STANLEY, KIM 344 NW SECOND STREET		1.2 N	_					34
STREET ADDRESS CITY-ST-ZIP	FLORIDA CITY FL			1.3 STREET ADDRESS					l Ki
TITLE	D	DELETE		1.4 CHTY - ST - ZIP 2.1 TITLE			☐ Change	Addition	<u> </u>
NAME	LINCOLN, CATHERINE			2 2 NAME			change	Addition	
STREET ADDRESS	28500 S.W. 146TH AVE.		2 3 STREET ADDRESS						
CITY-ST-ZIP	HOMESTEAD FL		2 4 CITY-ST-ZIP						
TITLE	S	DELETE	3.1 T				Change	Addition	
NAME	Brown, Virgina		3 2 N	AME				_	
STREET ADDRESS	14841 AVOCADO DRIVE		3.3 \$	TREET ADDRESS					
CITY-ST-ZIP	HOMESTEAD FL		3 4. 0	DITY-ST-ZIP					
TITLE	TC_D	DOCTOR	4.1 TI		D	. 7	Change	Addition	7
NAME	MAIDLI, DIAIL	Dunn		IAME	40	is Dunn	Las Rhad	63	
STREET ADDRESS	46760 S.W. 301 STREET<			TREET ADDRESS		40 Naranja La	33040	-	
CITY-ST-ZIP TITLE	HOMESTEAD FL	DELETE	_	ITY-ST-ZIP	Ho	mestead FL	33050	· · · <u>· · · · · · · · · · · · · · · · </u>	4
NAME	LANDON, DIANE	Dottele	51 TI 52 N				Change	Addition	
STREET ADDRESS	15450 SW 296 STREET			TREET ADDRESS					
CITY-ST-ZIP	HOMESTEAD FL			ITY-ST-ZIP	ļ				
TITLE	-B< T	DELETE	5.4 C		Tre	asure!	ZI enange	Addition	-
NAME	PEELER, WINIFRED		6.2 N		Pee	ler, Willtred	♣ 8°		
STREET ADDRESS	665 SW 5 TERRACE			TREET ADDRESS	66	es Sw S Terrac	e		
CITY-ST-ZIP	FLORIDA CITY FL		6.4 C	ITY-ST-ZIP	FI	es sw s Terrac orida City, f	: L.		
14. I do hereby	y certify that the information supplied wit the information indicated on this annual	h this filing is voluntarily furnish	ed and	does not aus				es. I further	1
oatri, maci	i am an officer of director a t the corpora	tion or the receiver or trustee e	mpowe	red to execut	curate a te this re	port as required by Chapter 617, Flori	ime legal eπect as it da Statutes; and tha	made under at my name	
appears in	Block 12 or Block 13 if changed, or on	an attachment with an address	S.						- 1

SIGNATURE:

SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICE OR DIRECTOR

1033-1041.