

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

FILED
Mar 14, 1996 08:00 AM
Secretary of State

DOCUMENT # 706070 (0)

1. Corporation Name
FLORIDA CONFERENCE OF THE UNITED CHURCH OF CHRIS T, INCORPORATED

Principal Place of Business Mailing Address
222 E. WELBOURNE WINTER PARK FL 32789-4336 US **222 E. WELBOURNE AVE. WINTER PARK FL 32789-4336 US**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		26		08/22/1963	03/17/1995
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	Applied For
22		27		59-0624399	Not Applicable
City & State		City & State		5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
23		28		6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
24	25	29	30		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
BURNS, CHARLES K. 222 EAST WELBOURNE AVE. WINTER PARK FL 32789				81 Name	TUCK, WILLIAM C.		
				82 Street Address (P.O. Box Number is Not Acceptable)	222 EAST WELBOURNE AVENUE		
				83			
				84 City	WINTER PARK	FL	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 **WILLIAM C. TUCK** *William C Tuck* MARCH 4, 1996
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input type="checkbox"/> DELETE	1.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SOUERS, SANFORD		1.2 NAME				
STREET ADDRESS	431 UNIV BLVD		1.3 STREET ADDRESS				
CITY-ST-ZIP	JACKSONVILLE FL		1.4 CITY-ST-ZIP				
TITLE	T	<input checked="" type="checkbox"/> DELETE	2.1 TITLE				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DONOFRA, JOHN		2.2 NAME	ROMIG, LARRY			
STREET ADDRESS	6029 18TH AVE N		2.3 STREET ADDRESS	6029 18TH AVE N			
CITY-ST-ZIP	ST PETERSBURG FL		2.4 CITY-ST-ZIP	ST PETERSBURG FL			
TITLE	VD	<input checked="" type="checkbox"/> DELETE	3.1 TITLE				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLARK, GARY		3.2 NAME	MILLER, ARNOLD			
STREET ADDRESS	2100 DAY BLVD		3.3 STREET ADDRESS	7082 N W 3RD AVENUE			
CITY-ST-ZIP	INDIAN ROCKS BEACH FL		3.4 CITY-ST-ZIP	BOCA RATON FL 33487			
TITLE	SD	<input type="checkbox"/> DELETE	4.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ATCHISON, JAMES		4.2 NAME				
STREET ADDRESS	1960 N. SWINTON AVE.		4.3 STREET ADDRESS				
CITY-ST-ZIP	DELRAY BEACH FL 33444		4.4 CITY-ST-ZIP				
TITLE	M	<input checked="" type="checkbox"/> DELETE	5.1 TITLE				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURNS, CHARLES K.		5.2 NAME	TUCK, WILLIAM C.			
STREET ADDRESS	222 E. WELBOURNE AVE.		5.3 STREET ADDRESS	222 EAST WELBOURNE AVENUE			
CITY-ST-ZIP	WINTER PARK FL		5.4 CITY-ST-ZIP	WINTER PARK FL			
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	800001744098			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			6.2 NAME	-03/15/96--01019--002			
STREET ADDRESS			6.3 STREET ADDRESS	***70.00			
CITY-ST-ZIP			6.4 CITY-ST-ZIP				

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)(k), 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: **WILLIAM C. TUCK** *William C Tuck* MARCH 4, 1996 407/645-5458
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CRE037 (12/95) PS 3/14/96