


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 19, 2007 8:00 am
Secretary of State

02-19-2007 90055 036 *****70.00

DOCUMENT # 706070	
1. Entity Name FLORIDA CONFERENCE OF THE UNITED CHURCH OF CHRIST, INCORPORATED	

Principal Place of Business 924 N. MAGNOLIA AVENUE., SUITE 250 ORLANDO, FL 32803 US	Mailing Address 924 N. MAGNOLIA AVENUE., SUITE 250 ORLANDO, FL 32803 US
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40020239



2. Principal Place of Business - No P.O. Box #	3. Mailing Address
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Suite, Apt. #, etc.

Suite, Apt. #, etc.

01282007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
59-0624399

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**RICHARDS, JACK C
924 N MAGNOLIA AVE
STE 250
ORLANDO, FL 32803**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	LAUCKS, BARBARA	
STREET ADDRESS	3115 HOPE STREET	
CITY-ST-ZIP	SEBRING, FL 33875	

TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	FELDMAN, JUDY	
STREET ADDRESS	13085 ORTEGA LANE	
CITY-ST-ZIP	MIAMI, FL 33157	

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	MARX, DONALD W	
STREET ADDRESS	9008 SW 152ND STREET	
CITY-ST-ZIP	MIAMI, FL 33157	

TITLE	SD	<input type="checkbox"/> Delete
NAME	WHITE, DONALD	
STREET ADDRESS	2700 N. A1A #1205	
CITY-ST-ZIP	FORT PIERCE, FL 34949	

TITLE	M	<input type="checkbox"/> Delete
NAME	RICHARDS, JACK C	
STREET ADDRESS	924 N MAGNOLIA AVE STE 250	
CITY-ST-ZIP	ORLANDO, FL 32803	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Gary Brewer	
STREET ADDRESS	1250 S. Denning Dr. #112	
CITY-ST-ZIP	Winter Park, FL 32789	

TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Charlayne Thompkins	
STREET ADDRESS	20001 NW 63rd Ave.	
CITY-ST-ZIP	Hialeah, FL 33015	

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Kim Wells	
STREET ADDRESS	2601 - 54th Ave. S.	
CITY-ST-ZIP	St. Petersburg, FL 33712	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

C. Jack Richards 4/31/07

Date

Daytime Phone #