

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

DOCUMENT # 706860 (4)

1. Corporation Name

CHAPEL ON THE HILL OF THE UNITED CHURCH OF CHRIST, INC.



Principal Place of Business	Mailing Address
12601 PARK BLVD. 12601 PARK BLVD. SEMINOLE FL 34646	12601 PARK BLVD. 12601 PARK BLVD. SEMINOLE FL 34646

3. Date Incorporated or Qualified 10/06/1963	3a. Date of Last Report 04/21/1995
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2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Country
24 Country	29 Zip
25 Country	30 Country

4. FEI Number 59-1088974	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CALDWELL, ROBERT E.
2303 GROVEWOOD RD
CLEARWATER FL 34624**

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 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 *Rev. Robert E. Caldwell - pastor* *Rev. Robert E. Caldwell* **4/21/96**
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating. DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BABCOCK, SUE	
STREET ADDRESS	12445-94TH AVENUE SOUTH	
CITY-ST-ZIP	SEMINOLE FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	MOENTMAN, DEAN L.	
STREET ADDRESS	10575 125TH ST., N	
CITY-ST-ZIP	LARGO FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	HOUCK, SETH C	
STREET ADDRESS	17715 GULF BOULEVARD #852	
CITY-ST-ZIP	REDINGTON SHORES FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	VONWERDER, BECKY	
STREET ADDRESS	9396 120TH STREET NORTH	
CITY-ST-ZIP	SEMINOLE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	VonWerder, Vernon	
1.3 STREET ADDRESS	9396 120th Street North	
1.4 CITY-ST-ZIP	Seminole FL	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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: *Seth C. Houck* **Seth C. Houck Treas 4/22/96 (813) 391-7919**
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (12/95)