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03-09-1999 90130 042 \*\*\*\*61.25

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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 706860

1. Corporation Name

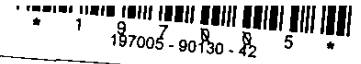
CHAPEL ON THE HILL OF THE UNITED CHURCH OF CHRIS  
T, INC.

Principal Place of Business

12601 PARK BLVD.  
12601 PARK BLVD.  
SEMINOLE FL 34646

Mailing Address

12601 PARK BLVD.  
12601 PARK BLVD.  
SEMINOLE FL 34646



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

10/06/1963

4. FEI Number

59-1088974

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

9. Name and Address of Current Registered Agent

VON WERDER, VERNON  
9369 120TH STREET NORTH  
SEMINOLE FL 33772

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 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

*Vernon VonWerder* 2-21-99

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  DELETE

P  
NAME VONWERDER, VERNON  
STREET ADDRESS 9396 120TH STREET NORTH  
CITY-ST-ZIP SEMINOLE FL

TITLE  DELETE

VD  
NAME FOWLES, BRIAN  
STREET ADDRESS 11448 137 ST N #2040  
CITY-ST-ZIP LARGO FL 33774

TITLE  DELETE

TD  
NAME HOUCK, SETH C  
STREET ADDRESS 17715 GULF BOULEVARD #852  
CITY-ST-ZIP REDINGTON SHORES FL

TITLE  DELETE

D  
NAME WOELFL, PEGGY  
STREET ADDRESS 11574 59TH TERRACE  
CITY-ST-ZIP SEMINOLE FL

TITLE  DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  Change  Addition

1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE  Change  Addition

VD  
NAME Jeffrey Lee  
STREET ADDRESS 7966 Garden Dr N  
CITY-ST-ZIP St Petersburg FL 33710

3.1 TITLE  Change  Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  Change  Addition

DS  
NAME Gail Jackson  
STREET ADDRESS 11268 59 Ave N  
CITY-ST-ZIP Seminole FL 33777

5.1 TITLE  Change  Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  Change  Addition

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing 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, with all other like empowered.

SIGNATURE:

*Seth C. Houck*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1 Mar 99 391-2919 (727)

CR2E037 (1/198)