

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 # 717411 (3)

1. Corporation Name

UNIVERSITY UNITED CONGREGATIONAL CHURCH, INC.

Principal Place of Business

Mailing Address

9300 UNIVERSITY BOULEVARD
ORLANDO FL 32817

9300 UNIVERSITY BOULEVARD
ORLANDO FL 32817



| | | | | | | | |
|--------------------------------|--|---------------------|--|---|--|---|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified | | 3a. Date of Last Report | |
| 21 | | 26 | | 10/23/1969 | | 04/26/1995 | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 4. FEI Number | | Applied For | |
| 22 | | 27 | | 00-0717411 | | 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 | | 24 | | 25 | |
| 29 | | 30 | | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LARSEN, LLOYD A REV
8734 PINE BARRENS DRIVE
ORLANDO FL 32817

| | |
|----|--|
| 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Lloyd A. Larsen

1/18/96

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|--------------------------|---|-------------------------|
| TITLE | SD | 11 TITLE | SD |
| NAME | SHELLY, JAN | 12 NAME | PATRICIA LEWIS |
| STREET ADDRESS | 810 GENEVA DRIVE | 13 STREET ADDRESS | 3559 WOODLEY PARK PLACE |
| CITY-ST-ZIP | OVIEDO FL | 14 CITY-ST-ZIP | OVIEDO, FL 32765 |
| TITLE | T | 21 TITLE | T |
| NAME | HORNSBY, AMY | 22 NAME | CRAIG ADAMS |
| STREET ADDRESS | 1037 CALIFORNIA CREEK CT | 23 STREET ADDRESS | 3001 HUNTINGTON ST |
| CITY-ST-ZIP | OVIEDO FL | 24 CITY-ST-ZIP | ORLANDO, FL 32803 |
| TITLE | P | 31 TITLE | |
| NAME | LARSEN, REV LLOYD A | 32 NAME | |
| STREET ADDRESS | 8734 PINE BARRENS DRIVE | 33 STREET ADDRESS | |
| CITY-ST-ZIP | ORLANDO FL | 34 CITY-ST-ZIP | |
| TITLE | D | 41 TITLE | |
| NAME | ZIMMER, MILDRED | 42 NAME | |
| STREET ADDRESS | 4337 INLAND LANE | 43 STREET ADDRESS | |
| CITY-ST-ZIP | ORLANDO FL | 44 CITY-ST-ZIP | |
| TITLE | D | 51 TITLE | |
| NAME | HOOD, DAVID | 52 NAME | |
| STREET ADDRESS | 689 ABERDEEN LAND | 53 STREET ADDRESS | |
| CITY-ST-ZIP | WINTER SPRINGS FL | 54 CITY-ST-ZIP | |
| TITLE | | 61 TITLE | |
| NAME | | 62 NAME | |
| STREET ADDRESS | | 63 STREET ADDRESS | |
| CITY-ST-ZIP | | 64 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Lloyd A. Larsen

Date

Daytime Phone #

1/18/96

407-659-4278

CR2E037 (12/95)