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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



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

DOCUMENT # 717411

1. Corporation Name

UNIVERSITY UNITED CONGREGATIONAL CHURCH, INC.

Principal Place of Business
**9300 UNIVERSITY BOULEVARD
ORLANDO FL 32817**

Mailing Address
**9300 UNIVERSITY BOULEVARD
ORLANDO FL 32817**



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified
10/23/1969

4. FEI Number
00-0717411

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

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

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 *Lloyd A. Larsen*

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

(NOTE: Registered Agent signature required when reinstating)

1/28/99

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **SD LEWIS, PATRICIA**
STREET ADDRESS **3559 WOODLEY PARK PLACE**
CITY-ST-ZIP **OVIDO FL**

TITLE ☐ DELETE
NAME **T ADAMS, CRAIG**
STREET ADDRESS **3930 SOUTH POINTE DR. #218**
CITY-ST-ZIP **ORLANDO FL**

TITLE ☐ DELETE
NAME **P LARSEN, REV LLOYD A**
STREET ADDRESS **8734 PINE BARRENS DRIVE**
CITY-ST-ZIP **ORLANDO FL**

TITLE ☐ DELETE
NAME **D ZIMMER, MILDRED**
STREET ADDRESS **4337 INLAND LANE**
CITY-ST-ZIP **ORLANDO FL**

TITLE ☐ DELETE
NAME **D KORSCHWITZ, HERBERT F.**
STREET ADDRESS **1000 LANTANIA PLACE**
CITY-ST-ZIP **OVIDO FL 32765**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **SD** ☒ Change ☐ Addition
1.2 NAME **Buchanan, Eva**
1.3 STREET ADDRESS **10334 Smyrna**
1.4 CITY-ST-ZIP **Orlando, FL 32817**

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP ☐ Change ☐ Addition

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

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:

Lloyd A. Larsen
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/28/99

Date

407-657-4228

Daytime Phone #

CR2E037 (11/98)