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Mar 25 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 720680 (8)

1. Corporation Name

CONGREGATIONAL UNITED CHURCH OF CHRIST, OF MANAT
EE COUNTY, FLORIDA, INC.



Principal Place of Business

Mailing Address

CHURCH BRADENTON FLORIDA INC
3700 26TH STREET WEST
BRADENTON FL 34205

CHURCH BRADENTON FLORIDA INC
3700 26TH STREET WEST
BRADENTON FL 34205-3506

3. Date Incorporated or Qualified 04/08/1971	3a. Date of Last Report 03/04/1996
4. FEI Number 59-6223018	Applied For <input type="checkbox"/> 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	

21. Principal Place of Business Suite, Apt. #, etc.	22. City & State	23. Zip	24. Country	25.	26. Mailing Address Suite, Apt. #, etc.	27. City & State	28. Zip	29. Country	30.
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9. Name and Address of Current Registered Agent

**GERBER, JOHN D
3519 51ST AVENUE WEST
BRADENTON FL 34210**

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: *John D. Gerber* (NOTE: Registered Agent signature required when reinstating) DATE:

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	<input checked="" type="checkbox"/> DELETE	11 TITLE
NAME	DAVIDSON, DORIS	12 NAME
STREET ADDRESS	4743 14TH ST E BOX 259	13 STREET ADDRESS
CITY - ST - ZIP	BRADENTON FL	14 CITY - ST - ZIP
TITLE	<input type="checkbox"/> DELETE	21 TITLE
NAME	D BOETTCHER, GAYLER	22 NAME
STREET ADDRESS	9213 FORRESTER DRIVE	23 STREET ADDRESS
CITY - ST - ZIP	BRADENTON FL	24 CITY - ST - ZIP
TITLE	<input checked="" type="checkbox"/> DELETE	31 TITLE
NAME	D HEEMSKERK, WILLIAM	32 NAME
STREET ADDRESS	3811 39TH AVE W	33 STREET ADDRESS
CITY - ST - ZIP	BRADENTON FL	34 CITY - ST - ZIP
TITLE	<input type="checkbox"/> DELETE	41 TITLE
NAME	S BLISS, RUTH	42 NAME
STREET ADDRESS	3308 29TH ST W.	43 STREET ADDRESS
CITY - ST - ZIP	BRADENTON FL	44 CITY - ST - ZIP
TITLE	<input type="checkbox"/> DELETE	51 TITLE
NAME	VP CATLIN, DAVID	52 NAME
STREET ADDRESS	7511 3RD AVENUE NW	53 STREET ADDRESS
CITY - ST - ZIP	BRADENTON FL	54 CITY - ST - ZIP
TITLE	<input type="checkbox"/> DELETE	61 TITLE
NAME		62 NAME
STREET ADDRESS		63 STREET ADDRESS
CITY - ST - ZIP		64 CITY - ST - ZIP

T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
Morse, Carolyn	
4550 47th St. W., #416	
Bradenton, FL, 34210	
	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
Alexander, Jarvis	
641 Woodlawn Dr.	
Bradenton, FL. 34210	
	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do 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.

SIGNATURE: *Carolyn Morse* (REQUIRED) DATE: **3-22-97**

CR2E037 (9/96)