

**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 # 723399 (2)**

1. Corporation Name

**THE UNITED CHURCH OF CHRIST (CONGREGATIONAL-DISCIPLINES), INC.**



Principal Place of Business Mailing Address  
**203 WASHINGTON STREET NEW SMYRNA BEACH FL 32168-4042**

3. Date Incorporated or Qualified **05/10/1972** 3a. Date of Last Report **05/01/1995**

21	2. Principal Place of Business	26	2a. Mailing Address	4.	FEI Number <b>59-1378696</b>	Applied For				
	Suite, Apt. #, etc.		Suite, Apt. #, etc.	5.	Certificate of Status Desired	<input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				
23	City & State	28	City & State	6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>				
24	Zip	25	Country	29	Zip	30	Country	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**

**BERTELE, ADA C  
1100 N. DIXIE FREEWAY #45  
NEW SMYRNA BEACH FL 32168**

**10. Name and Address of New Registered Agent**

81	Name	<b>ARLENE SCOTT C</b>
82	Street Address (P.O. Box Number is Not Acceptable)	<b>439 Bouchelle Drive</b>
83	City	<b>New Smyrna Beach, FL 32169</b>
84	State	<b>FL</b>
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: **ARLENE SCOTT** *Arlene Scott* **4-5-96**  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PD</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<b>PATRICIA FORD PD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BUCHAN, ELIZABETH L.</b>	1.2 NAME	<b>2967 S. Atlantic Ave.</b>
STREET ADDRESS	<b>325 NORTH CAUSEWAY #B206</b>	1.3 STREET ADDRESS	<b>Daytona Beach Shores, FL 32118</b>
CITY-ST-ZIP	<b>NEW SMYRNA BEACH FL 32169</b>	1.4 CITY-ST-ZIP	
TITLE	<b>VPD</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<b>VPD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PIERCE, ALICE</b>	2.2 NAME	<b>Rosalie Nieznalski</b>
STREET ADDRESS	<b>507 OAKWOOD AVENUE</b>	2.3 STREET ADDRESS	<b>1704 Travelers Palm, Edgewater, FL 32132</b>
CITY-ST-ZIP	<b>NEW SMYRNA BEACH FL 32169</b>	2.4 CITY-ST-ZIP	
TITLE	<b>SD</b> <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<b>SD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BERTELE, ADA</b>	3.2 NAME	<b>Arlene Scott</b>
STREET ADDRESS	<b>1100 N. DIXIE FREEWAY #45</b>	3.3 STREET ADDRESS	<b>as above</b>
CITY-ST-ZIP	<b>NEW SMYRNA BEACH FL 32168</b>	3.4 CITY-ST-ZIP	
TITLE	<b>TD</b> <input type="checkbox"/> DELETE	4.1 TITLE	<b>TD</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GATHERS, DONNA</b>	4.2 NAME	<b>GATHERS, Donna</b>
STREET ADDRESS	<b>822 25TH STREET</b>	4.3 STREET ADDRESS	<b>822 25th Street</b>
CITY-ST-ZIP	<b>NEW SMYRNA BEACH FL 32169</b>	4.4 CITY-ST-ZIP	<b>New Smyrna Beach, FL 32169</b>
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, changed, or on an attachment with an address.

SIGNATURE: *Patricia Ford* **4-5-96** **904-789-7030**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)