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Feb 10 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 # 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
203 WASHINGTON STREET NEW SMYRNA BEACH FL 32168-7042

3. Date Incorporated or Qualified 05/10/1972
3a. Date of Last Report 04/17/1996
4. FEI Number 59-1378696 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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent

ARLENE SCOTT C
439 BOUCHELLE DRIVE
NEW SMYRNA BEACH FL 32169

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 Arlene C. Scott DATE 1-30-97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE PD DELETED
NAME PATRICIA FORD
STREET ADDRESS 2967 S. ATLANTIC AVE
CITY-ST-ZIP DAYTONA BEACH SHORES FL
TITLE VPD DELETED
NAME ROSALIE NIEZMALSKI
STREET ADDRESS 1704 TRAVELERS PALM
CITY-ST-ZIP EDGEWATER FL
TITLE SD DELETED
NAME ARLENE SCOTT
STREET ADDRESS 439 BOUCHELLE DRIVE
CITY-ST-ZIP NEW SMYRNA BEACH FL
TITLE TD DELETED
NAME GATHERS, DONNA
STREET ADDRESS 822 25TH STREET
CITY-ST-ZIP NEW SMYRNA BEACH FL 32169
TITLE DELETED
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE DELETED
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 VPD Change Addition
2.2 NAME CROMER GATHERS
2.3 STREET ADDRESS 822 - 25th Avenue
2.4 CITY-ST-ZIP N. Smyrna Beach, FL 32169
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 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: Arlene C. Scott DATE 1-30-97
Signature, typed or printed name of signing officer or director

CR2E037 (9/96)