

FILE NOW: FILING FEE IS \$61.25

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Feb 16 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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: 203 WASHINGTON STREET, NEW SMYRNA BEACH FL 32168-4042
Mailing Address: 203 WASHINGTON STREET, NEW SMYRNA BEACH FL 32168-4042



2. Principal Place of Business (21-24) and Mailing Address (2a-24) fields for Suite, Apt. #, City & State, Zip, and Country.

3. Date Incorporated or Qualified: 05/10/1972
4. FEI Number: 59-1378696
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing: \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. No

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: DOROTHY ROGERS, 1207 BOND ST., EDGEWATER, FL 32132

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: Dorothy Rogers DATE: 2/8/98

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	PATRICIA FORD	
STREET ADDRESS	2967 S. ATLANTIC AVE	
CITY-ST-ZIP	DAYTONA BEACH SHORES FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	ARLENE SCOTT	
STREET ADDRESS	439 BOUCHELLE DRIVE	
CITY-ST-ZIP	NEW SMYRNA BEACH FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	GATHERS, DONNA	
STREET ADDRESS	822 25TH STREET	
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32169	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	GATHERS, CROMER	
STREET ADDRESS	822 - 25TH AVE	
CITY-ST-ZIP	N SMYRNA BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD JAY A. ROGERS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	JAY A. ROGERS	
1.3 STREET ADDRESS	1207 BOND ST, EDGEWATER	
1.4 CITY-ST-ZIP	FLA 32132	
2.1 TITLE	SD Florence Brown	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Florence Brown	
2.3 STREET ADDRESS	1112 Fairy Villa Dr.	
2.4 CITY-ST-ZIP	New Smyrna Beach FL 32168	
3.1 TITLE	TD Robert Dewar	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Robert Dewar	
3.3 STREET ADDRESS	621 Alton Cir.	
3.4 CITY-ST-ZIP	New Smyrna Beach FL 32168	
4.1 TITLE	VPD Stoddard, Donna	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Stoddard, Donna	
4.3 STREET ADDRESS	1309 LIVE OAK ST.	
4.4 CITY-ST-ZIP	New Smyrna Beach, FL 32168	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

SIGNATURE: Dorothy Rogers DATE: 2/8/98 904-427-1867

CR2E037 (10/97)