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NONPROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # 723399

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 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip 30 Country

3. Date Incorporated or Qualified

05/10/1972

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

9. Name and Address of Current Registered Agent

ROGERS, DOROTHY
 1207 BOND ST
 EDGEWATER FL 32132

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD DELETE
 NAME ROGERS, JAY A
 STREET ADDRESS 1207 BOND ST
 CITY-ST-ZIP EDGEWATER FL 32132

TITLE SD DELETE
 NAME BROWN, FLORENCE
 STREET ADDRESS 1112 FAIY VILLA DR
 CITY-ST-ZIP NEW SMYRNA BEACH FL 32168

TITLE TD DELETE
 NAME DEWAR, ROBERT
 STREET ADDRESS 621 GLEN CIR
 CITY-ST-ZIP NEW SMYRNA BEACH FL 32168

TITLE VPD DELETE
 NAME STODDARD, DONNA
 STREET ADDRESS 1309 LIVE OAK ST
 CITY-ST-ZIP NEW SMYRNA BEACH FL 32168

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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 VPD
 4.3 STREET ADDRESS SToddard, DONNA
 4.4 CITY-ST-ZIP 1404 PALMETTO ST.
 NEW SMYRNA Bch FL 32168

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: *ROBERT DEWAR* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Date: *4/28/99* Daytime Phone #: *904-428-3331*

CR2E037 (1/198)