

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 19, 2001 8:00 am
Secretary of State

0009688

02-19-2001 90029 035 ****61.25

DOCUMENT # 723399

1. Entity Name

THE UNITED CHURCH OF CHRIST (CONGREGATIONAL-DISC

Principal Place of Business

Mailing Address

203 WASHINGTON STREET
 NEW SMYRNA BEACH FL 32168-4042

203 WASHINGTON STREET
 NEW SMYRNA BEACH FL 32168-4042

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1378696

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

C0022466



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROGERS, DOROTHY
1207 BOND ST
EDGEWATER FL 32132

Name **Mrs. Patricia Swansburg**

Street Address (P.O. Box Number is Not Acceptable)

605 Starboard Lane

City **Edgewater Beach** **FL** Zip Code **32141**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Patricia A. Swansburg

Feb. 12, 2001

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE Change Addition
 NAME **PD**
 STREET ADDRESS **Nieznalski, Rosalie** **FL 32132**
 CITY-ST-ZIP **1704 Travelers Palm Dr., Edgewater**

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

TITLE Change Addition
 NAME **VPD**
 STREET ADDRESS **Spencer, Gerie**
 CITY-ST-ZIP **2604 Victory Palm Dr. Edgewater, FL 32141**

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

TITLE Change Addition
 NAME **SD Swansburg, Patricia**
 STREET ADDRESS **605 Starboard Lane**
 CITY-ST-ZIP **Edgewater, FL 32141**

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

TITLE Change Addition
 NAME **TD**
 STREET ADDRESS **Hall, D.Allen**
 CITY-ST-ZIP **407 Bouchelle Dr. #201 New Smyrna Beach, FL 32169**

TITLE Delete
 NAME **VPD STODDARD, DONNA**
 STREET ADDRESS **1404 PALMETTO ST**
 CITY-ST-ZIP **NEW SMYRNA BCH FL 32168**

TITLE Change Addition
 NAME **VPD**
 STREET ADDRESS **Hudson, Sally**
 CITY-ST-ZIP **451 Bouchelle Blvd. #103 New Smyrna Beach, FL 32169**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME **VPD Dewar, Joyce**
 STREET ADDRESS **621 Glen Circle**
 CITY-ST-ZIP **New Smyrna Beach, FL 32168**

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Patricia A. Swansburg
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/12/01 904-428-2352
 Date Daytime Phone #

CR2E037 (10/00)