

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 21, 2005 8:00 am**  
**Secretary of State**

01-21-2005 90043 038 \*\*\*\*61.25

**DOCUMENT # 723399**

1. Entity Name  
**THE UNITED CHURCH OF CHRIST  
(CONGREGATIONAL-DISCIPLES), 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**

**50004413**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01122005

Chg-NP

CR2E037 (10/03)

City & State

City & State

4. FEI Number

**59-1378696**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PATFIELD, BETTY  
39 FAIRWAY CIRCLE  
NEW SMYRNA BEACH, FL 32168**

Name

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

City

**FL**

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **M** ☒ Delete  
NAME **WILLIAM, SWANSBURG**  
STREET ADDRESS **605 STARBOARD LANE**  
CITY-ST-ZIP **EDGEWATER, FL 32141**

TITLE **VM** ☒ Delete  
NAME **PETERSON, AL**  
STREET ADDRESS **611 MAGNOLIA ST.**  
CITY-ST-ZIP **NEW SMYRNA BEACH, FL 32168**

TITLE **S** ☐ Delete  
NAME **PATFIELD, BETTY**  
STREET ADDRESS **39 FAIRWAY CIRCLE**  
CITY-ST-ZIP **NEW SMYRNA BEACH, FL 32169**

TITLE **FC** ☒ Delete  
NAME **HALL, ALLEN D**  
STREET ADDRESS **407 BOUCELLE DRIVE 201**  
CITY-ST-ZIP **NEW SMYRNA BEACH, FL 32169**

TITLE **MC** ☐ Delete  
NAME **HUDSON, SALLY**  
STREET ADDRESS **451 BOUCHELLE BLVD 103**  
CITY-ST-ZIP **NEW SMYRNA BEACH, FL 32169**

TITLE **FS** ☐ Delete  
NAME **BOESE, GLORIA**  
STREET ADDRESS **306 NORMANDY AVE**  
CITY-ST-ZIP **NEW SMYRNA BEACH, FL 32169**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **M** ☐ Change ☒ Addition  
NAME **AL PETERSON**  
STREET ADDRESS **411 MAGNOLIA ST**  
CITY-ST-ZIP **NEW SMYRNA BEACH, FL 32168**

TITLE **VM** ☐ Change ☒ Addition  
NAME **SAHIE HARTWELL**  
STREET ADDRESS **2420 TAYLOR RD.**  
CITY-ST-ZIP **NEW SMYRNA BEACH, FL 32168**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **FC** ☐ Change ☒ Addition  
NAME **E. J. WALKER**  
STREET ADDRESS **511 FAULKNER STREET**  
CITY-ST-ZIP **NEW SMYRNA BEACH, FL 32168**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:**

*Gloria M Boese* Vice Chairman, Finance 1/17/05 386-428-2352  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

*Gloria M Boese*