


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
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country



01122005 Chg-NP CR2E037 (10/03)

6. Name and Address of Current Registered Agent
**PATFIELD, BETTY
 39 FAIRWAY CIRCLE
 NEW SMYRNA BEACH, FL 32168**

4. FEI Number
59-1378696

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

7. Name and Address of New Registered Agent

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 NAME STREET ADDRESS CITY-ST-ZIP	M WILLIAM, SWANSBURG 605 STARBOARD LANE EDGEWATER, FL 32141	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VM PETERSON, AL 611 MAGNOLIA ST. NEW SMYRNA BEACH, FL 32168	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PATFIELD, BETTY 39 FAIRWAY CIRCLE NEW SMYRNA BEACH, FL 32169	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	FC HALL, ALLEN D 407 BOUCELLE DRIVE 201 NEW SMYRNA BEACH, FL 32169	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MC HUDSON, SALLY 451 BOUCHELLE BLVD 103 NEW SMYRNA BEACH, FL 32169	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	FS BOESE, GLORIA 306 NORMANDY AVE NEW SMYRNA BEACH, FL 32169	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	M AL PETERSON 411 MAGNOLIA ST NEW SMYRNA BEACH, FL 32168	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VM SAHIE HARTWELL 2420 TAYLOR RD. NEW SMYRNA BEACH, FL 32168	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	FC E. J. WALKER 511 FAULKNER STREET NEW SMYRNA BEACH, FL 32168	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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