

FILED
Apr 21, 2006 8:00 am
Secretary of State

02-17-2006 90066 001 ****61.25

**2006 NOT-FOR-PROFIT CORPORATION
 ANNUAL REPORT**

66011184



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		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		02092006 Chg-NP CR2E037 (11/05)	
Zip		Country		4. FEI Number 59-1378696 Applied For Not Applicable	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$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 Cindee Peterson Street Address (P.O. Box Number is Not Acceptable) 411 Magnolia St. City New Smyrna Beach FL Zip Code 32168		
B. 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 <i>Cynthia Peterson</i>		<i>Secretary</i>		<i>4/18/06</i>	
Filing Fee is \$81.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M PETERSON, AL 411 MAGNOLIA ST NEW SMYRNA BEACH, FL 32168 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VM HARTWELL, SAMMIE 2420 TAYLOR RD NEW SMYRNA BEACH, FL 32168 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PATFIELD, BETTY 39 FAIRWAY CIRCLE NEW SMYRNA BEACH, FL 32169 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Cindee Peterson 411 Magnolia St. New Smyrna Beach, FL 32168 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	FC WALKER, E.J. 511 FAULKNER STREET NEW SMYRNA BEACH, FL 32168 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Marilyn Bader 8 Royal Palm Circle Port Orange FL 32127 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	FS BOESE, GLORIA 306 NORMANDY AVE NEW SMYRNA BEACH, FL 32169 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Bill Brandner 2808 Bay Vista Circle New Smyrna Beach, FL 32168 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 <i>Albert M. Peterson</i>		<i>Moderator</i>		<i>3/12/06 386-451-3551</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	