


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2007 8:00 am
Secretary of State

02-05-2007 90124 001 ****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

60012850



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.
 City & State
 Zip Country

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

01292007 Chg-NP CR2E037 (12/06)

4. FEI Number
59-1378696

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
**PETERSON, CINDY
 411 MAGNOLIA ST
 NEW SMYRNA BEACH, FL 32168**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
 Due by May 1, 2007**

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE M	PETERSON, AL 411 MAGNOLIA ST NEW SMYRNA BEACH, FL 32168 <input checked="" type="checkbox"/> Delete	TITLE VM	SWANBURG, WILLIAM 605 STARBOARD AVE EDGEWATER, FL 32141 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE VM	HARTWELL, SAMMIE 2420 TAYLOR RD NEW SMYRNA BEACH, FL 32168 <input type="checkbox"/> Delete	TITLE S	SWANBURG, PATRICIA 605 STARBOARD AVE EDGEWATER, FL 32141 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE S	PETERSON, CINDY 411 MAGNOLIA ST NEW SMYRNA BEACH, FL 32168 <input checked="" type="checkbox"/> Delete	TITLE MC	BRANDNER, KAREN 2808 BAY VISTA CIR NEW SMYRNA BEACH, FL 32168 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE FC	BODER, MARILYN 8 ROYAL PALM CIR PORT ORANGE, FL 32127 <input checked="" type="checkbox"/> Delete	TITLE FC	BRANDNER, BILL 2808 BAY VISTA CIR NEW SMYRNA BEACH, FL 32168 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE MC	HUDSON, SALLY 451 BOUCHELLE BLVD 103 NEW SMYRNA BEACH, FL 32169 <input checked="" type="checkbox"/> Delete	TITLE M	HARTWELL, SAMMIE 2420 TAYLOR RD NEW SMYRNA BEACH, FL 32168 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE FS	BRANDNET, BILL 2808 BAY VISTA CIR NEW SMYRNA BEACH, FL 32168 <input type="checkbox"/> Delete	TITLE	

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: J. Will Brandner **1/31/07**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #