

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008 8:00 am
Secretary of State

04-30-2008 90176 009 ****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**

60033068

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04212008 Chg-NP CR2E037 (12/06)

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

**PETERSON, CINDY
411 MAGNOLIA ST
NEW SMYRNA BEACH, FL 32168**

Name **William Swansburg**
Street Address (P.O. Box Number is Not Acceptable)
605 Starboard Ave
City **Edgewater, FL 32141 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **William Swansburg**
Signature, typed or printed name of registered agent and title if applicable

William Swansburg
(NOTE: Registered Agent signature required when reinstating)

4-28-08
DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

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 **VM** ☒ Delete
NAME **SWANSBURG, WILLIAM**
STREET ADDRESS **605 STARBOARD AVE.**
CITY-ST-ZIP **EDGEWATER, FL 32141**

TITLE **Vice Moderator** ☒ Change ☐ Addition
NAME **Denbie Jackson**
STREET ADDRESS **2100 N Peninsula #110A**
CITY-ST-ZIP **New Smyrna Beach FL 32169**

TITLE **VM** ☐ Delete
NAME **HARTWELL, SAMMIE**
STREET ADDRESS **2420 TAYLOR RD**
CITY-ST-ZIP **NEW SMYRNA BEACH, FL 32168**

TITLE **Moderator** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **S** ☐ Delete
NAME **SWANSBURG, PATRICIA**
STREET ADDRESS **605 STARBOARD AVE.**
CITY-ST-ZIP **EDGEWATER, FL 32141**

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

TITLE **MC** ☐ Delete
NAME **BRANDNER, KAREN**
STREET ADDRESS **2808 BAY VISTA CR.**
CITY-ST-ZIP **NEW SMYRNA BEACH, FL 32168**

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

TITLE **M** ☐ Delete
NAME **HARTWELL, SAMMIE**
STREET ADDRESS **2420 TAYLOR RD**
CITY-ST-ZIP **NEW SMYRNA BEACH, FL 32168**

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

TITLE **FC** ☐ Delete
NAME **BRANDNET, BILL**
STREET ADDRESS **2808 BAY VISTA CIR**
CITY-ST-ZIP **NEW SMYRNA BEACH, FL 32168**

TITLE ☒ Change ☐ Addition
NAME **Bill Brandner**
STREET ADDRESS
CITY-ST-ZIP

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: **Sammie Hartwell**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-08 **386-424-6208**
Date Daytime Phone #