

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Aug 07, 2003 8:00 am
Secretary of State

07-21-2003 90126 034 ****61.25

DOCUMENT # 723399
1. Entity Name
THE UNITED CHURCH OF CHRIST (CONGREGATIONAL-DISCIPLINES), INC.



Principal Place of Business Mailing Address
**203 WASHINGTON STREET
NEW SMYRNA BEACH FL 32168-4042** **203 WASHINGTON STREET
NEW SMYRNA BEACH FL 32168-4042**

55053595

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State City & State
Zip Country Zip Country

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
**SWANSBURG, PATRICIA
605 STARBOARD LANE
EDGEWATER FL 32141**

7. Name and Address of New Registered Agent
Name **Betty Patfield**
Street Address (P.O. Box Number is Not Acceptable)
39 Fairway Circle
City **New Smyrna Beach** FL Zip Code **32168**

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 *Betty G. Patfield* **Betty G. Patfield** **7/16/03**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25
After September 10, 2003, min will be \$236.25

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	VM	<input type="checkbox"/> Delete
NAME	WILLIAM, SWANSBURG	VICE MODERATOR
STREET ADDRESS	605 STARBOARD LANE	
CITY-ST-ZIP	EDGEWATER FL 32141	
TITLE	M	<input type="checkbox"/> Delete
NAME	SPENCER, GERALDINE	MODERATOR
STREET ADDRESS	2804 VICTORY PALM DR	
CITY-ST-ZIP	EDGEWATER FL 32141	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	SWANSBURG, PATRICIA	
STREET ADDRESS	605 STARBOARD LANE	
CITY-ST-ZIP	EDGEWATER FL 32141	
TITLE	TD	<input type="checkbox"/> Delete
NAME	HALL, ALLEN D	FINANCE CHAIR
STREET ADDRESS	407 BOUCELLE DRIVE 201	
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32169	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	HUDSON, SALLY	MINISTRY CHAIR
STREET ADDRESS	451 BOUCHELLE BLVD 103	
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32169	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	DEWAR, JOYCE	
STREET ADDRESS	1404 PALMETTO STREET	
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32168	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Betty Patfield	
STREET ADDRESS	39 Fairway Circle	SECRETARY
CITY-ST-ZIP	New Smyrna Beach, FL 32168	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Gloria Boese	
STREET ADDRESS	306 Normandy Ave	FINANCE SECRETARY
CITY-ST-ZIP	New Smyrna Beach, FL 32169	

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: **SIGNATURE REQUIRED** *Betty G. Patfield* **7/16/03** 386-428 2352
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone *

CR2E037 (4/03)