

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 16, 2006 8:00 am
Secretary of State

02-16-2006 90048 004 ****70.00

DOCUMENT # N00000003309

1. Entity Name

**UNION CONGREGATIONAL CHURCH OF HALLANDALE,
INC.**



Principal Place of Business

**924 N MAGNOLIA AVE, SUITE 250
ORLANDO FL 32803**

Mailing Address

**924 N MAGNOLIA AVE, SUITE 250
ORLANDO FL 32803**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

59-1381763

Applied For

Not Applicable

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

**BORKO, DOUGLAS
924 N MAGNOLIA AVE, SUITE 250
ORLANDO FL 32803**

Name

C. Jack Richards

Street Address (P.O. Box Number is Not Acceptable)

same

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

C. Jack Richards

1/26/06

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
Due By May 1, 2006**

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 PD ☐ Delete
NAME MARX, DONALD W.
STREET ADDRESS 9008 SW 152ND STREET
CITY-ST-ZIP MIAMI FL 33157

TITLE VD ☐ Delete
NAME LAUCKS, BARBARA
STREET ADDRESS 3115 HOPE STREET
CITY-ST-ZIP SEBRING FL 33875

TITLE TD ☐ Delete
NAME FELDMAN, JUDY
STREET ADDRESS 13085 ORTEGA LANE
CITY-ST-ZIP MIAMI FL 33157

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☐ Change ☒ Addition
NAME C. Jack Richards
STREET ADDRESS 924 N. Magnolia Ave., Suite 250
CITY-ST-ZIP Orlando, FL 32803

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

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

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CITY-ST-ZIP

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

C. Jack Richards

C. Jack Richards

1/26/06

407/835-7501