

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 19, 2007 8:00 am
Secretary of State

02-19-2007 90055 037 ****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 - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-1381763	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RICHARDS, C. JACK 924 N MAGNOLIA AVE, SUITE 250 ORLANDO, FL 32803			7. Name and Address of New Registered Agent		
Name			Name		
Street Address (P.O. Box Number is Not Acceptable)			Street Address (P.O. Box Number is Not Acceptable)		
City			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 _____ (NOTE: Registered Agent signature required when restate) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE PD	NAME MARX, DONALD W	<input checked="" type="checkbox"/> Delete		TITLE PD	NAME Kim Wells
STREET ADDRESS 9008 SW 152ND STREET	CITY-ST-ZIP MIAMI, FL 33157	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		STREET ADDRESS 2601 - 54th Ave. S.	CITY-ST-ZIP St. Petersburg, FL 33712
TITLE VD	NAME LAUCKS, BARBARA	<input checked="" type="checkbox"/> Delete		TITLE VD	NAME Gary Brewer
STREET ADDRESS 3115 HOPE STREET	CITY-ST-ZIP SEBRING, FL 33875	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		STREET ADDRESS 1250 S. Denning Drive #112	CITY-ST-ZIP Winter Park, FL 32789
TITLE TD	NAME FELDMAN, JUDY	<input checked="" type="checkbox"/> Delete		TITLE TD	NAME Charlayne Thompkins
STREET ADDRESS 13085 ORTEGA LANE	CITY-ST-ZIP MIAMI, FL 33157	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		STREET ADDRESS 20001 NW 63rd Ave.	CITY-ST-ZIP Hialeah, FL 33015
TITLE D	NAME RICHARDS, C. JACK	<input type="checkbox"/> Delete		TITLE	NAME
STREET ADDRESS 924 N MAGNOLIA AVE STE 250	CITY-ST-ZIP ORLANDO, FL 32803	<input type="checkbox"/> Change <input type="checkbox"/> Addition		STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	<input type="checkbox"/> Delete		TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	<input type="checkbox"/> Delete		TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		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: <u>C. Jack Richards</u> C. Jack Richards <u>1/31/07</u>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					