

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2008 8:00 am
Secretary of State

02-11-2008 90060 014 ****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 checked="" type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
RICHARDS, C. JACK Siladi, Kent 924 N MAGNOLIA AVE, SUITE 250 ORLANDO, FL 32803				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 2/15/08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing <input type="checkbox"/>		\$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 PD	NAME WELLS, KIM	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 2601 5TH AVE S	SAINT PETERSBURG, FL 33712		NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY-ST-ZIP	SAINT PETERSBURG, FL 33712		STREET ADDRESS	Change <input checked="" type="checkbox"/> Addition	
TITLE VD	NAME BREWER, GARY	<input checked="" type="checkbox"/> Delete	TITLE	Change <input checked="" type="checkbox"/> Addition	
STREET ADDRESS 1250 S DENNING DR #112	WINTER PARK, FL 32789		NAME	Change <input checked="" type="checkbox"/> Addition	
CITY-ST-ZIP	WINTER PARK, FL 32789		STREET ADDRESS	Change <input type="checkbox"/> Addition	
TITLE TD	NAME THOMPkins, CHARLAYNE	<input type="checkbox"/> Delete	TITLE	Change <input type="checkbox"/> Addition	
STREET ADDRESS 20001 NW 63RD AVE	HIALEAH, FL 33015		NAME	Change <input type="checkbox"/> Addition	
CITY-ST-ZIP	HIALEAH, FL 33015		STREET ADDRESS	Change <input type="checkbox"/> Addition	
TITLE D	NAME RICHARDS, C. JACK	<input checked="" type="checkbox"/> Delete	TITLE	Change <input checked="" type="checkbox"/> Addition	
STREET ADDRESS 924 N MAGNOLIA AVE STE 250	ORLANDO, FL 32803		NAME	Change <input checked="" type="checkbox"/> Addition	
CITY-ST-ZIP	ORLANDO, FL 32803		STREET ADDRESS	Change <input type="checkbox"/> Addition	
TITLE	<input type="checkbox"/> Delete		TITLE	Change <input type="checkbox"/> Addition	
NAME	<input type="checkbox"/> Delete		NAME	Change <input type="checkbox"/> Addition	
STREET ADDRESS	<input type="checkbox"/> Delete		STREET ADDRESS	Change <input type="checkbox"/> Addition	
CITY-ST-ZIP	<input type="checkbox"/> Delete		CITY-ST-ZIP	Change <input type="checkbox"/> Addition	
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: 2/15/08 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					