

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

DOCUMENT # N02000001979

1. Entity Name

UNITED CHURCH OF CHRIST INC.



**FILED
Sep 09, 2004 8:00 am
Secretary of State**

09-09-2004 90007 006 ****70.00

54072237



MOORE CR2E037 (11/03)

Principal Place of Business
5396 BOTANY COURT
ORLANDO FL 32811

Mailing Address

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

47-0857015

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

BRINSON, CARL
5396 BOTANY COURT
ORLANDO FL 32811

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

Carl Brinson CARL BRINSON

8/27/04

**FILE NOW: FEE IS \$61.25
Due By May 1, 2004**

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 D
NAME BRINSON, CARL
STREET ADDRESS 5396 BOTANY COURT
CITY-ST-ZIP ORLANDO FL 32811

Delete

TITLE S
NAME
STREET ADDRESS
CITY-ST-ZIP

NIKI JONES
5822 ELON DR
ORLANDO, FL 32808

Change

Addition

TITLE D
NAME BRINSON, SABRINA
STREET ADDRESS 2400 ABBY DR
CITY-ST-ZIP KISSIMMEE FL 32811

Delete

TITLE T
NAME
STREET ADDRESS
CITY-ST-ZIP

TANDEA JONES
5822 6100 DR
ORLANDO, FL 32808

Change

Addition

TITLE D
NAME BRINSON, OLLIE
STREET ADDRESS 5822 ELON DR.
CITY-ST-ZIP ORLANDO FL 32808

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change

Addition

TITLE D
NAME JONES, LEXANNA
STREET ADDRESS 5822 ELON DRIVE
CITY-ST-ZIP ORLANDO FL 32811

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change

Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change

Addition

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:

Carl Brinson CARL BRINSON *8/27/04*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #