

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 24, 2005 08:00 AM
Secretary of State

DOCUMENT # N02000001979		
1. Entity Name UNITED CHURCH OF CHRIST INC.		

Principal Place of Business 5396 BOTANY COURT ORLANDO FL 32811	Mailing Address 5396 BOTANY COURT ORLANDO FL 32811
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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 (10/04)

4. FEI Number 47-0857015	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☒	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
BRINSON, CARL 5396 BOTANY COURT ORLANDO FL 32811

7. Name and Address of New Registered Agent
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 DATE 1/24/05
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25
Due By May 1, 2005**

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 NAME STREET ADDRESS CITY- ST- ZIP	D BRINSON, CARL 5396 BOTANY COURT ORLANDO FL 32811 ☐ Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D BRINSON, SABRINA 2400 ABBY DR KISSIMMEE FL 32811 ☐ Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D BRINSON, OLLIE 5822 ELON DR. ORLANDO FL 32808 ☐ Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D JONES, LEXANNA 5822 ELON DRIVE ORLANDO FL 32811 ☐ Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	S JONES, NIKI 5822 ELON DR ORLANDO FL 32808 ☐ Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	T JONES, TANDREA 5822 ELON DR ORLANDO FL 32808 ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
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 19.07(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 1/24/05 (407) 496-5413
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR