

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2006 8:00 am
Secretary of State

01-24-2006 90010 034 ****61.25

DOCUMENT # N03000009333					
1. Entity Name STUART CONGREGATIONAL UNITED CHURCH OF CHRIST FOUNDATION, INC.					
Principal Place of Business 3110 S.E. ASTER LANE STUART, FL 34994			Mailing Address 3110 S.E. ASTER LANE STUART, FL 34994		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01192006 Chg-NP CR2E037 (11/05)	
City & State		City & State		4. FEI Number 20-1515957	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
HASE, RANDALL W 3110 S.E. ASTER LANE STUART, FL 34994			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <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 NAME STREET ADDRESS CITY - ST - ZIP	D MACMANNIS, KEN 6198 SE BLACK OAK LN STUART, FL 349976379	<input type="checkbox"/> Delete <i>K</i>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HOWARD VOSS 579 NE PLANTATION RD # S306 STUART FL 34996	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D COLLIN, DAVID 579 NE PLANTATION RD-S306 STUART, FL 34996	<input type="checkbox"/> Delete <i>K</i>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D STRACUZZI, CHARLES 3201 SE COURT DRIVE STUART, FL 34997	<input type="checkbox"/> Delete <i>a</i>	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ELLER, RAY 770 SW BITTERN ST PALM CITY, FL 349904018	<input type="checkbox"/> Delete <i>a</i>	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PAUL, RICHARD 6925 SE HARBOR CIRCLE STUART, FL 34996	<input type="checkbox"/> Delete <i>a</i>	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HASE, RANDALL W DIR 1821 SW WILLOWBEND LANE PALM CITY, FL 34990	<input type="checkbox"/> Delete <i>a</i>	<input type="checkbox"/> 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: <i>J. Charles Stracuzzi, Treasurer</i>			JAN 20 2005		772-223-5597
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date</small>		<small>Daytime Phone #</small>