

FILE NOW: FILING FEE IS \$61.25

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Apr 21, 1999 8:00 am
Secretary of State

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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N03022

1. Corporation Name

UNION PARK CHRISTIAN CHURCH, INC.

Principal Place of Business
2119 N. DEAN ROAD
ORLANDO FL 32817

Mailing Address
2119 N. DEAN ROAD
ORLANDO FL 32817



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		05/10/1984	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-3378075	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		Trust Fund Contribution	
24		29		30	
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent		
MASON, GARY 3514 KRAMER LANE ORLANDO FL 32806			81 Name		
			82 Street Address (P.O. Box Number is Not Acceptable)		
			83		
			84 City		
			FL 85 Zip Code		

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE		(NOTE: Registered Agent signature required when reinstating)		DATE	
Signature, typed or printed name of registered agent and title if applicable.					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	C	<input type="checkbox"/> DELETE	1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MASON, GARY		1.2 NAME	MADDOX, JEFF	
STREET ADDRESS	3514 KRAMER LANE		1.3 STREET ADDRESS	5626 CATSKILL CT.	
CITY-ST-ZIP	ORLANDO FL		1.4 CITY-ST-ZIP	WINTER SPRINGS, FL 32798	
TITLE	V	<input type="checkbox"/> DELETE	2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MASON, GARY		2.2 NAME	WIRICK, TOM JR.	
STREET ADDRESS	3514 KRAMER LANE		2.3 STREET ADDRESS	12730 LAKEBRROK DR.	
CITY-ST-ZIP	ORLANDO FL 32806		2.4 CITY-ST-ZIP	ORLANDO, FL 32828-8742	
TITLE	D	<input type="checkbox"/> DELETE	3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBERT COLLINS		3.2 NAME		
STREET ADDRESS	9861 DOWNEY COVE DR		3.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32825		3.4 CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BILL HILL		4.2 NAME		
STREET ADDRESS	583 CARRIGAN AVE		4.3 STREET ADDRESS		
CITY-ST-ZIP	OVIEDO FL 32765		4.4 CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHAW, MARY ALICE		5.2 NAME		
STREET ADDRESS	9881 LAKE GEORGIA DR		5.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32817		5.4 CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUNTEN, ROBERT D		6.2 NAME		
STREET ADDRESS	1408 AUBURN-GREEN LOOP		6.3 STREET ADDRESS		
CITY-ST-ZIP	WINTER PARK FL 32792		6.4 CITY-ST-ZIP		

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Apr. 13, 1999 (407) 275-0430
Date Daytime Phone #

CR2E037 (1/98)