## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N07231

(6)

THE SOUTHEAST CONFERENCE, CHURCH OF THE UNITED B RETHREN IN CHRIST, INC.

Principal Place of Business 2270 SAND LAKE RD ALTAMONTE SPRINGS FL 32714 Mailing Address

2270 SAND LAKE ROAD ALTAMONTE SPRINGS FL 32714-7070

## FILED May 05 1997 8:00am Secretary of State



ALTAMONTE SE US	PRINGS FL 32714	ALIAMONTE SPRINGS FL 327	14-70/0			
00				3. Date Incorporated or Qualified 01/23/1985	3a. Date of Last Report 03/26/1996	
21/645		2a. Mailing Address [26] / 6 4-5 CEN	TER AVE	4. FEI Number 59-2640149	Applied For Not Applicable	
Sulte, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State 23 HOLL	y HILL FL	City & State  28 HOLLY HI	LL FL	6. Flection Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip 24 32/	Country Vo / u.s/ & 17 25 U.S.A	29 32117 30	Country Volus		ntangible tax under s. 199.032, Yes XNo	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent		
81 Name						
FRY, RALPH L. JR.  1645 CENTER A'E.  82 Street Address (P.O. Box Number is Not Acceptable) 1645 CENTER AVENUE						
ALTAMONTE SPRINGS FL 32714 HOLLY HILL, I-L 32117 83						
		, 	84 Hb L		FL 85 Zip Code 32//7	
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 Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating)  DATE						
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFIC		
TITLE	PD DATE IN	☐ DELETE	1.1 TITLE		Change 🔲 Addition	
NAME	FRY, RALPH L JR.		1,2 NAME	will make the start of the	ED DUENLE	
STREET ADDRESS	617 CAMDEN ROAD		1.3 STREET ADDRESS	1643 DECENT	EK AVENUE	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL SD	DELETE	1.4 CITY-ST-ZIP	HOLLY HILL, FL	Sell/	
TITLE	ELLIOTT, MARSHA	☐ DELETE	2.1 TITLE		Change T Addition	
NAME OTOGET ADDRESS	1846 CENTER STREET		2.2 NAME		1	
STREET ADDRESS	HOLLY HILL FL		2.3 STREET ADDRESS			
CITY-ST-ZIP TITLE	TD	☐ DELETE	2. 4 CITY-ST-ZIP 3.1 TITLE		Change Addition	
NAME	FRY, BEVERLY A	J	3.2 NAME			
STREET ADDRESS	617 CAMDEN RD.		3.3 STREET ADDRESS	1645 CENTER	AVENUE	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL		3.4. CITY - ST - ZIP	1645 CENTER HOLLY HILL, F	1. 32117	
TITLE		☐ DELETE	4.1 TITLE	110-5-7 111001	☐ Change ☐ Addition	
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS		i	
CITY-ST-ZIP			4,4 CITY-ST-ZIP		İ	
TITLE		☐ DELETE	5.1 TITLE		Change Addition	
NAME			5,2 NAME			
Streèt addrèss			5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CITY - ST - ZIP			
TITLE	<i>i</i>	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition	
NAME			6,2 NAME			
STREET ADDRESS			6.3 STREE1 ADDRESS			
CITY-ST-ZIP		others to the color	6,4 CITY-ST-ZIP			
14. Loto heret	ov certity that the information supplied :	wiin tois tiling does not qualify fo	or the exemption st	ated in Section 119 07(3)(i). Florida Statutes	s I turther 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 lam 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 or on an attachment with an address.