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May 05 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N07231 (6)
1. Corporation Name
THE SOUTHEAST CONFERENCE, CHURCH OF THE UNITED B
RETHREN IN CHRIST, INC.



Principal Place of Business Mailing Address
2270 SAND LAKE RD ALTAMONTE SPRINGS FL 32714 US
2270 SAND LAKE ROAD ALTAMONTE SPRINGS FL 32714-7070

3. Date Incorporated or Qualified 01/23/1985
3a. Date of Last Report 03/26/1996

2. Principal Place of Business 21 1645 CENTER AVENUE
2a. Mailing Address 26 1645 CENTER AVENUE

4. FEI Number 59-2640149
Applied For Not Applicable

22 Suite, Apt. #, etc.

5. Certificate of Status Desired \$8.75 Additional Fee Required

23 City & State HOLLY HILL FL
28 City & State HOLLY HILL FL

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

24 Zip 32117 25 Country Volusia USA
29 Zip 32117 30 Country Volusia USA

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
FRY, RALPH L. JR.
~~617 CAMDEN ROAD~~ 1645 CENTER AVE.
~~ALTAMONTE SPRINGS FL 32714~~ HOLLY HILL, FL 32117

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 1645 CENTER AVENUE
83
84 City HOLLY HILL FL 85 Zip Code 32117

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 _____ DATE _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	FRY, RALPH L. JR.	
STREET ADDRESS	617 CAMDEN ROAD	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	ELLIOTT, MARSHA	
STREET ADDRESS	1846 CENTER STREET	
CITY-ST-ZIP	HOLLY HILL FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	FRY, BEVERLY A	
STREET ADDRESS	617 CAMDEN RD.	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	1645 CENTER AVENUE
1.4 CITY-ST-ZIP	HOLLY HILL, FL 32117
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	1645 CENTER AVENUE
3.4 CITY-ST-ZIP	HOLLY HILL, FL 32117
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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.

CFR2037 (9/96)