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Mar 23 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N07231 (6)

1. Corporation Name
**THE SOUTHEAST CONFERENCE, CHURCH OF THE UNITED B
RETHREN IN CHRIST, INC.**



Principal Place of Business		Mailing Address	
1645 CENTER AVENUE HOLLY HILL FL 32117 US		1645 CENTER AVENUE HOLLY HILL FL 32117 US	
2. Principal Place of Business	2a. Mailing Address	21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.	22	27
City & State	City & State	23	28
Zip	Country	24	29
		25	30

3. Date Incorporated or Qualified	01/23/1985	
4. FEI Number	59-2640149	Applied For Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

FRY, RALPH L. JR.
1645 CENTER AVENUE
HOLLY HILL FL 32117

10. Name and Address of New Registered Agent

81 Name	McKeown, Robert Charles	
82 Street Address (P.O. Box Number is Not Acceptable)	1650 Center Ave	
83 City	Holly Hill, FL	32117
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 Robert C. McKeown DATE 3-11-98

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	FRY, RALPH L. JR.	
STREET ADDRESS	1645 CENTER AVENUE	
CITY - ST - ZIP	HOLLY HILL FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	ELLIOTT, MARSHA	
STREET ADDRESS	1646 CENTER STREET	
CITY - ST - ZIP	HOLLY HILL FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	FRY, BEVERLY A	
STREET ADDRESS	1645 CENTER AVENUE	
CITY - ST - ZIP	HOLLY HILL 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	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	McKeown, Robert Charles	
1.3 STREET ADDRESS	1650 Center Ave	
1.4 CITY - ST - ZIP	Holly Hill, FL 32117	
2.1 TITLE	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Johns, Mary	
2.3 STREET ADDRESS	1400 Sunshine Cir.	
2.4 CITY - ST - ZIP	Birmingham, Al. 35213	
3.1 TITLE	DT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Burns, Beverly	
3.3 STREET ADDRESS	57 Aspen St.	
3.4 CITY - ST - ZIP	Daytona Beach, FL 32124	
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 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 on an attachment with an address.

SIGNATURE: Beverly Burns 2/16/98 904-253-7643

CR2E037 (10/97)