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NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # N07231

1. Corporation Name

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

Principal Place of Business

1645 CENTER AVENUE
 HOLLY HILL FL 32117
 US

Mailing Address

1645 CENTER AVENUE
 HOLLY HILL FL 32117
 US



2. Principal Place of Business

21 **560 Flemich Ave.**

2a. Mailing Address

26 **560 Flemich Ave.**

3. Date Incorporated or Qualified

01/23/1985

4. FEI Number

59-2640149

Applied For

Not Applicable

City & State

23 **Holly Hill FL**

City & State

28 **Holly Hill FL**

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Election Campaign Financing

\$5.00 May Be
 Added to Fees

Zip Country

24 **32117** 25 **US**

Zip Country

29 **32117** 30 **US**

9. Name and Address of Current Registered Agent

**MC KEOWN, ROBERT CHARLES
 1650 CENTER AVENUE
 HOLLY HILL FL 32117**

10. Name and Address of New Registered Agent

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

Robert C. McKeown

2-11-99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DELETE

NAME **DPD
 MC KEOWN, ROBERT CHARLES**
 STREET ADDRESS **1650 CENTER AVENUE**
 CITY-ST-ZIP **HOLLY HILL FL 32117**

TITLE DELETE

NAME **DS
 JOHNS, MARY**
 STREET ADDRESS **1400 SUNSHINE CIRCLE**
 CITY-ST-ZIP **BIRMINGHAM AL 35213**

TITLE DELETE

NAME **T
 BURNS, BEVERLY**
 STREET ADDRESS **57 ASPEN STREET**
 CITY-ST-ZIP **DAYTONA BEACH FL 32124**

TITLE DELETE

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE DELETE

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE DELETE

NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition

1.2 NAME
 1.3 STREET ADDRESS
 1.4 CITY-ST-ZIP

2.1 TITLE Change Addition

2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP

3.1 TITLE Change Addition

3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP

4.1 TITLE Change Addition

4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

5.1 TITLE Change Addition

5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

6.1 TITLE Change 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)(l), 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:

Robert C. McKeown

Signature and typed or printed name of signing officer or director

2-11-99

Date

Daytime Phone #

CR2E037 (1/198)