

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 13 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N07836 (2)**

1. Corporation Name  
**UNITED CHURCH OF CHRIST (UNION CONGREGATIONAL) OF HOLLY HILL, INC.**



Principal Place of Business <b>1050 DAYTONA AVE HOLLY HILL FL 32117-2804 US</b>	Mailing Address <b>1050 DAYTONA AVE HOLLY HILL FL 32117-2804 US</b>
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3. Date Incorporated or Qualified  
**02/26/1985**

4. FEI Number  
**59-0900997**

Applied For	Not Applicable
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2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt #, etc	26 Suite, Apt #, etc
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29
25	30

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

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

7. Is this nonprofit corporation a homeowners association?  
 Yes  No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent

**LEONHARDT, UPCHURCH & PARSONS, P.A.  
213 SILVER BEACH AVE  
DAYTONA BEACH FL**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>
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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and, if applicable, (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>MD</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RICHARDSON, RUTH</b>	1.2 NAME	
STREET ADDRESS	<b>17 GOLDEN BEAR PTH</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>ORMOND BEACH FL</b>	1.4 CITY - ST - ZIP	
TITLE	<b>T</b>	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RICHARDSON, ARTHUR</b>	2.2 NAME	
STREET ADDRESS	<b>17 GOLDEN BEAR PATH</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>ORMOND BEACH FL</b>	2.4 CITY - ST - ZIP	
TITLE	<b>SD</b>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CARPENTER, MIRIAM</b>	3.2 NAME	
STREET ADDRESS	<b>141 7TH STREET</b>	3.3 STREET ADDRESS	
CITY - ST - ZIP	<b>HOLLY HILL FL</b>	3.4 CITY - ST - ZIP	
TITLE	<b>T</b>	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GAIGENT, MARILYN</b>	4.2 NAME	
STREET ADDRESS	<b>546 NORTH BEACH STREET</b>	4.3 STREET ADDRESS	
CITY - ST - ZIP	<b>ORMOND BEACH FL</b>	4.4 CITY - ST - ZIP	
TITLE	<b>S</b>	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CHASE, KATHLEEN</b>	5.2 NAME	
STREET ADDRESS	<b>1524 RIDGE AVENUE</b>	5.3 STREET ADDRESS	
CITY - ST - ZIP	<b>HOLLY HILL FL 32117-2218</b>	5.4 CITY - ST - ZIP	
TITLE	<b>T</b>	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KIPP, JAMES</b>	6.2 NAME	
STREET ADDRESS	<b>1309 GENMAR STREET</b>	6.3 STREET ADDRESS	
CITY - ST - ZIP	<b>HOLLY HILL FL</b>	6.4 CITY - ST - ZIP	

TR  
Henry Kress  
1404 Yearling Trail  
Port Orange, FL 32119

M BAIGENT, MARILYN

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.

SIGNATURE: Marilyn O. Baigent Marilyn O. Baigent 2/5/98 904-672-6376

CR2E037 (10/97)