

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 01, 2002 8:00 am
Secretary of State

04-01-2002 90034 013 ****61.25

DOCUMENT # N07836

1. Entity Name

**UNITED CHURCH OF CHRIST (UNION CONGREGATIONAL) O
 F HOLLY HILL, INC.**

Principal Place of Business

Mailing Address

1050 DAYTONA AVE
 HOLLY HILL FL 32117-2804
 US

1050 DAYTONA AVE
 HOLLY HILL FL 32117-2804
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-0900997

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NORTON, JOHN S JR
431 N GRANDVIEW AVE
DAYTONA BEACH FL 32118

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|----------------------------|---------------------------------|
| TITLE | MD | <input type="checkbox"/> Delete |
| NAME | STOCK, JOSEPH | |
| STREET ADDRESS | 6 FOX HOLLOW DRIVE | |
| CITY-ST-ZIP | ORMOND BEACH FL 32174 | |
| TITLE | P | <input type="checkbox"/> Delete |
| NAME | D'ARMADIO, EDWARD | |
| STREET ADDRESS | 736 HORSEMAN DRIVE | |
| CITY-ST-ZIP | PORT ORANGE FL 32127 | |
| TITLE | T | <input type="checkbox"/> Delete |
| NAME | KLEIN, LOREN | |
| STREET ADDRESS | 4332 WHITING WAY | |
| CITY-ST-ZIP | EDGEWATER FL 32141 | |
| TITLE | T | <input type="checkbox"/> Delete |
| NAME | FULWEBER, MARILYN | |
| STREET ADDRESS | 546 NORTH BEACH STREET | |
| CITY-ST-ZIP | ORMOND BEACH FL 32174-5349 | |
| TITLE | T | <input type="checkbox"/> Delete |
| NAME | FRANKLIN, MARY MARGARET | |
| STREET ADDRESS | 1627 ANNISTON AVE | |
| CITY-ST-ZIP | HOLLY HILL FL 32117 | |
| TITLE | S | <input type="checkbox"/> Delete |
| NAME | KELSEY, RUTH | |
| STREET ADDRESS | 2719 S ATLANTIC AVE | |
| CITY-ST-ZIP | DAYTONA BEACH FL 32118 | |

| | | |
|----------------|------------------------|--|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | P | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Linda Davidson | |
| STREET ADDRESS | 36 Highland Ave | |
| CITY-ST-ZIP | Ormond Beach, FL 32174 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

Marilyn Fulweber
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/21/02

396-253-1323

CR2E037 (9/01)