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Feb 17 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1998**

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

DOCUMENT # **N11500** **(8)**

1. Corporation Name

UNITED BRETHRENS IN CHRIST CHURCH, INC.

Principal Place of Business	Mailing Address
P.O. BOX 1724 INTERLACHEN FL 32148	P.O. BOX 1724 INTERLACHEN FL 32148

3. Date Incorporated or Qualified: 10/09/1985

4. FEI Number: 59-2699307 ☐ Applied For ☐ Not Applicable

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

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.: 22	Suite, Apt. #, etc.: 27
City & State: 23	City & State: 28
Zip: 24 / Country: 25	Zip: 29 / Country: 30

9. Name and Address of Current Registered Agent

RIVERA, FRANK
114 BRANT STREET
P.O. BOX 774
INTERLACHEN FL 32148

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	RODRIGUEZ, JOSE A.		1.2 NAME		
STREET ADDRESS	80 E MAIN ST APT ASF		1.3 STREET ADDRESS		
CITY-ST-ZIP	MERIDEN CT		1.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	RODRIGUEZ-REYES, JOSE		2.2 NAME		
STREET ADDRESS	27 CATHY LANE		2.3 STREET ADDRESS		
CITY-ST-ZIP	WATREBURY CT		2.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	BERNARDINI, MYRIAM		3.2 NAME		
STREET ADDRESS	95 LINSLEY AVE		3.3 STREET ADDRESS		
CITY-ST-ZIP	MERIDEN CT		3.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	ORTIZ, ANILIAL		4.2 NAME		
STREET ADDRESS	240 VILLAGE LANE		4.3 STREET ADDRESS		
CITY-ST-ZIP	S MERIDEN CT		4.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	OTERO, ANDRES		5.2 NAME		
STREET ADDRESS	60 DIVISION AVE #20B		5.3 STREET ADDRESS		
CITY-ST-ZIP	BROOKLYN NY		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	RIVERA, FRANK		6.2 NAME		
STREET ADDRESS	P.O. BOX 774 WEBSTER AVE		6.3 STREET ADDRESS		
CITY-ST-ZIP	INTERLACHEN FL		6.4 CITY-ST-ZIP		

CR2E037 (10/97)

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: Myriam Bernardini 2/4/98
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #