## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED Feb 23, 2004 08:00 AM Secretary of State

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1. Entity Name

FEDERATION OF CONGREGATIONS UNITED TO SERVE, INC.

5. Name and Address of Current Registered Agent



Principal Place of Business

Mailing Address

2113 EAST SOUTH STREET ORLANDO, FL 32803 US 2113 EAST SOUTH STREET ORLANDO, FL 32803 U



DO NOT WRITE IN THIS SPACE

5. Certificate of Status Desired

\$8.75 Additional Fee Regulard

ROBINSON, ROCXWELL

972 WINDSONG CIRCLE APOPKA, FL 32703

## DO NOT WRITE IN THIS SPACE

APOPKA,	FE 32/03		IN THIS SPACE						
	named entity submits this statement for the ions of registered agent.	purpose of changing its registered o	flice or i	egistered agent, or bott	n, in the State of Florida. I am familiar with, and accept				
SIGNATURE	Signature, typed or printed name of registered agent and no	is it applicable (NOTE: Registered Age	nt signatur	• гафияна жітап папаіліі(°Ç)	OATE				
	Filing Fee is \$61.25 Due by May 1, 2004	Election Campaign Financing     Trust Fund Contribution.		\$5.00 May Be Added to Fees					
10.	OFFICERS AND DIRE	CTORS							
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCD TIPTON, JULIUS REV 800 WEST OAKRIDGE ROAD ORLANDO, FL 32809				NAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAA				
TITLE MAME STREET ADDRESS GHY-ST-ZP	CD ROBINSON, ROCXWELL 972 WINDSONG CIRCLE APOPKA, FL 32703								
TITLE RAME STREET ADDRESS CRY-ST-ZP	SD HUGHES, PHOEBE 4005 GOLFSIDE DRIVE ORLANDO, FL 32808			DO	NOT WRITE				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD TITUS, EDWARD 4740 S FERNCREEK ORLANDO, FL 32806		IN THIS SPACE						
TITLE NAME STREET ADDRESS CITY-ST-ZIP									
TITLE NAME STREET ADDRESS									

12. I hereby certify that the information supplied with this filling 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 employered 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 tike employered.

SIGNATURE:

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