


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 31, 2005 8:00 am**  
**Secretary of State**

01-31-2005 90069 023 \*\*\*\*61.25

<b>DOCUMENT # N49282</b>	
1. Entity Name FEDERATION OF CONGREGATIONS UNITED TO SERVE, INC.	

Principal Place of Business 2113 EAST SOUTH STREET ORLANDO, FL 32803 US	Mailing Address 2113 EAST SOUTH STREET ORLANDO, FL 32803 US
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40009578

2. Principal Place of Business <b>142 E. JACKSON STREET</b>	3. Mailing Address <b>142 E. JACKSON STREET</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State <b>ORLANDO, FL</b>	City & State <b>ORLANDO, FL</b>
Zip <b>32801</b>	Zip <b>32801</b>
Country <b>ORANGE</b>	Country <b>ORANGE</b>

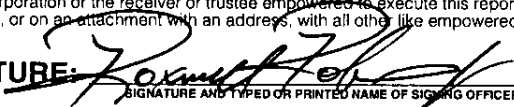
01202005 Chg-NP CR2E037 (10/03)	
4. FEI Number <b>59-3151613</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent <b>ROBINSON, ROCKWELL</b> <b>972 WINDSONG CIRCLE</b> <b>APOPKA, FL 32703</b>	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE Signature, typed or printed name of registered agent and title if applicable.	DATE

<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>Make check payable to</b> <b>Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCD TIPTON, JULIUS REV 800 WEST OAKRIDGE ROAD ORLANDO, FL 32809 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCD O'REILLY, ANDREW REV. 801 N HASTINGS STREET ORLANDO, FL 32808 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD ROBINSON, ROCKWELL 972 WINDSONG CIRCLE APOPKA, FL 32703 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HUGHES, PHOEBE 4005 GOLFSIDE DRIVE ORLANDO, FL 32808 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DORSEY, MASON REV. 50 WILLOW DAVE ORLANDO, FL 32807 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD TITUS, EDWARD 4740 S FERNCREEK ORLANDO, FL 32806 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date <b>1-25-05</b> Daytime Phone # <b>407-849-5031</b>