
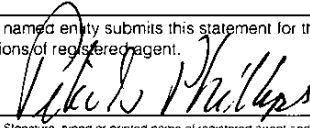
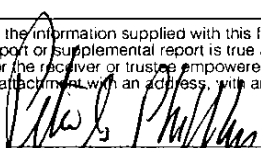


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 17, 2008 8:00 am
Secretary of State

07-17-2008 90062 020 ****61.25

DOCUMENT # N49282 1. Entity Name FEDERATION OF CONGREGATIONS UNITED TO SERVE, INC.					
Principal Place of Business 142 E. JACKSON STREET ORLANDO, FL 32801 US			Mailing Address 142 E. JACKSON STREET ORLANDO, FL 32801 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3151613	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
ROBINSON, ROCKWELL 972 WINDSONG CIRCLE APOPKA, FL 32703				Name PETER PHILLIPS Street Address (P.O. Box Number is Not Acceptable) 142 E. JACKSON ST. City ORLANDO FL Zip Code 32801	
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  <small>Signature, typed or printed name of registered agent and title if applicable</small>		PETER PHILLIPS, EXEC DIRECTOR 7/8/08 <small>(NOTE: Registered Agent signature required when reinstating) DATE</small>			
Filing Fee is \$61.25 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VCD HUGHES, PHOEBE MRS. 4005 GOLFSIDE DRIVE ORLANDO, FL 32808	<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	CD ERROL, THOMPSON REV. 535 WEST WASHINGTON ST. ORLANDO, FL 32801	<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 DORSEY, MASON REV 50 WILLOW DRIVE ORLANDO, FL 32807	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD PATRICIA HEICK 3014 BOWMASTER COURT ORLANDO FL 32822
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 exemptions contained in Chapter 119, 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		PETER PHILLIPS 7/8/08 <small>Date</small>		407-924-8906 <small>Daytime Phone #</small>	