

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 26, 2000 8:00 am
Secretary of State

01-26-2000 90072 001 ***245.00

DOCUMENT # N93000000527

1. Entity Name

FLORIDA CONFERENCE OF THE UNITED CHURCH OF CHRIS

Principal Place of Business

Mailing Address

**222 E WELBOURNE AVE
 WINTER PARK FL
 US**

**222 E WELBOURNE AVE
 WINTER PARK FL 32789-4336
 US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

924 N. Magnolia Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.
Suite 250

City & State

City & State
Orlando, FL 32803

4. FEI Number

59-3167868

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**BORKO, DOUGLAS M
 222 E WELBOURNE AVE
 WINTER PARK FL 32789**

Name

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

Suite 250

City

FL

Zip Code
32803

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 **PD** Delete
 NAME ~~**SQUERS, SANFORD**~~
 STREET ADDRESS ~~**3624 HOOVER LN**~~
 CITY-ST-ZIP ~~**JACKSONVILLE FL 32211**~~

TITLE Change Addition
 NAME **Cochenour, John**
 STREET ADDRESS **PO Box 29006**
 CITY-ST-ZIP **Port Orange, FL 32129**

TITLE **TD** Delete
 NAME **BIZER, PAUL**
 STREET ADDRESS **200 24TH AVENUE**
 CITY-ST-ZIP **INDIAN ROCKS BEACH FL 33785-3099**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **SD** Delete
 NAME ~~**EARL, ELAINE**~~
 STREET ADDRESS ~~**222 E WELBOURNE AVE**~~
 CITY-ST-ZIP ~~**WINTER PARK FL 32789**~~

TITLE **SD** Change Addition
 NAME **Atchison, Candy**
 STREET ADDRESS **11828 Dunes Road**
 CITY-ST-ZIP **Boynton Beach, FL 33436**

TITLE **M** Delete
 NAME **BORKO, DOUGLAS M**
 STREET ADDRESS ~~**222 E WELBOURNE AVE**~~
 CITY-ST-ZIP ~~**WINTER PK FL**~~

TITLE Change Addition
 NAME **M. Douglas Borko**
 STREET ADDRESS **924 N. Magnolia Avenue, Suite 250**
 CITY-ST-ZIP **Orlando, FL 32803**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change 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: *Douglas Borko* **Douglas Borko** 1/14/00 407/835-7501

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)