
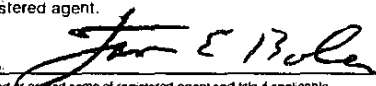
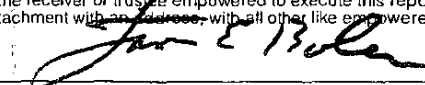


**2004 NOT-FOR-PROFIT CORPORATION  
AMENDED ANNUAL REPORT**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

04 JUL 23 AM 7:06

<b>DOCUMENT # N93000000527</b>				
1. Entity Name FLORIDA CONFERENCE OF THE UNITED CHURCH OF CHRIST ENDOWMENT FUND, INC.				
Principal Place of Business 924 N MAGNOLIA AVE SUITE 250 ORLANDO, FL 32803 US		Mailing Address 924 N MAGNOLIA AVE STE 250 ORLANDO, FL 32803 US		
2. Principal Place of Business		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		
City & State		City & State		
Zip	Country	Zip	Country	4. FEI Number 59-3167868
				Applied For <input type="checkbox"/> Not Applicable
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent	
BORKO, DOUGLAS M 924 N MAGNOLIA AVE STE 250 ORLANDO, FL 32803			Name James E. Boler	
			Street Address (P.O. Box Number is Not Acceptable)	
			924 N. Magnolia Avenue, Suite 250	
			City Orlando	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. I am familiar with, and accept the obligations of registered agent.				
SIGNATURE 		James E. Boler		6/24/04
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)		DATE
Amended AR is \$61.25		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	TD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FELDMAN, JUDY	NAME	800039859108	
STREET ADDRESS	13085 ORTEGA LANE	STREET ADDRESS	08/04/04--01006--002 **61.25	
CITY-ST-ZIP	MIAMI, FL 33157	CITY-ST-ZIP		
TITLE	M <input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BORKO, DOUGLAS M	NAME	Boler, James E.	
STREET ADDRESS	924 N MAGNOLIA AVE STE 250	STREET ADDRESS	924 N. Magnolia Ave., Suite 250	
CITY-ST-ZIP	ORLANDO, FL 32803	CITY-ST-ZIP	Orlando, FL 32803	
TITLE	PD <input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	REIMER, LARRY	NAME	Marx, Donald W.	
STREET ADDRESS	1624 NW FIFTH AVE	STREET ADDRESS	9008 SW 152nd Street	
CITY-ST-ZIP	GAINESVILLE, FL 326031609	CITY-ST-ZIP	Miami, FL 33157	
TITLE	SD <input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	NOAH, EDELSTEIN	NAME	Grove, Terry	
STREET ADDRESS	94 REINIKE ROAD	STREET ADDRESS	<del>825-E. Altamonte Drive</del>	
CITY-ST-ZIP	HAINES CITY, FL 33844	CITY-ST-ZIP	Altamonte Springs, FL 32701	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		NAME		
STREET ADDRESS		STREET ADDRESS		
CITY-ST-ZIP		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		NAME		
STREET ADDRESS		STREET ADDRESS		
CITY-ST-ZIP		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: 		James E. Boler		6/24/04 407/835-7501
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #

8/20