

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 07, 2005 8:00 am**  
**Secretary of State**

02-07-2005 90074 020 \*\*\*\*70.00

DOCUMENT # N93000000527

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

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**BOLER, JAMES E**  
924 N MAGNOLIA AVE  
STE 250  
ORLANDO FL 32803

7. Name and Address of New Registered Agent

Name

**Richards, C. Jack**

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

City

**FL**

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

*C. Jack Richards*

**C. Jack Richards**

**1/20/2005**

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**

**Due By May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	TD	<input type="checkbox"/> Delete
NAME	FELDMAN, JUDY	
STREET ADDRESS	13085 ORTEGA LANE	
CITY-ST-ZIP	MIAMI FL 33157	
TITLE	M	<input checked="" type="checkbox"/> Delete
NAME	<b>BOLER, JAMES E</b>	
STREET ADDRESS	924 N MAGNOLIA AVE STE 250	
CITY-ST-ZIP	ORLANDO FL 32803	
TITLE	PD	<input type="checkbox"/> Delete
NAME	MARX, DONALD W	
STREET ADDRESS	9008 SW 152ND STREET	
CITY-ST-ZIP	MIAMI FL 33157	
TITLE	SD	<input type="checkbox"/> Delete
NAME	GROVE, TERRY	
STREET ADDRESS	825 E. ALTAMONTE DRIVE	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32701	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	M	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Richards, C. Jack</b>	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

*C. Jack Richards*

**C. Jack Richards**

**1/20/2005**

**407/835-7501**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #