

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Feb 08, 2006 08:00 AM
Secretary of State



1st MOORE CR2E037 (10/05)

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 Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 59-3167868	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent RICHARDS, JACK C 924 N MAGNOLIA AVE STE 250 ORLANDO FL 32803				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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>	
FILE NOW: FEE IS \$61.25 Due By May 1, 2006				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	TD FELDMAN, JUDY 13085 ORTEGA LANE MIAMI FL 33157	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	M RICHARDS, JACK C 924 N MAGNOLIA AVE STE 250 ORLANDO FL 32803	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD MARX, DONALD W 9008 SW 152ND STREET MIAMI FL 33157	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD GROVE, TERRY 825 E. ALTAMONTE DRIVE ALTAMONTE SPRINGS FL 32701	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: C. Jack Richards 1/26/06 407/835-750					