

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000000527

FILED  
Feb 24, 2009  
Secretary of State

**Entity Name:** FLORIDA CONFERENCE OF THE UNITED CHURCH OF CHRIST ENDOWMENT FUND, INC.

**Current Principal Place of Business:**

924 N MAGNOLIA AVE  
SUITE 250  
ORLANDO, FL 32803 US

**New Principal Place of Business:**

**Current Mailing Address:**

924 N MAGNOLIA AVE  
STE 250  
ORLANDO, FL 32803 US

**New Mailing Address:**

**FEI Number:** 59-3167868      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

RICHARDS, JACK C  
924 N MAGNOLIA AVE  
STE 250  
ORLANDO, FL 32803 US

**Name and Address of New Registered Agent:**

SILADI, KENT J  
924 N MAGNOLIA AVE  
STE 250  
ORLANDO, FL 32803 US

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: KENT J SILADI

02/24/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: TD ( ) Delete  
Name: THOMPkins, CHARLAYNE  
Address: 200001 NW 63RD AVENUE  
City-St-Zip: HIALEAH, FL 33015

Title: M ( ) Delete  
Name: SILADI, KENT  
Address: 924 N. MAGNOLIA AVE, SUITE 250  
City-St-Zip: ORLANDO, FL 32803

Title: PD ( ) Delete  
Name: WELLS, KIM W  
Address: 2601 - 54TH AVENUE  
City-St-Zip: ST. PETERSBURG, FL 33712

Title: SD ( ) Delete  
Name: CHARLAYNE, THOMPkins  
Address: 20001 NW 63RD AVE  
City-St-Zip: HIALEAH, FL 33015

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: PD (X) Change ( ) Addition  
Name: NUTTER, RONALD  
Address: 3819 NW 40TH STREET  
City-St-Zip: GAINESVILLE, FL 32606

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KENT J SILADI

M

02/24/2009

Electronic Signature of Signing Officer or Director

Date