

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 18, 2000 8:00 am
Secretary of State

01-18-2000 90151 035 ****61.25

DOCUMENT # N96000000270

1. Entity Name

THE UNITED CHURCH IN TALLAHASSEE, UNITED CHURCH

Principal Place of Business

Mailing Address

1834 MAHAN DRIVE
 TALLAHASSEE FL 32308

1834 MAHAN DRIVE
 TALLAHASSEE FL 32308-5203

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

59-2773343

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LYNN, SUSAN
 1834 MAHAN DRIVE
 TALLAHASSEE FL 32308

Name

Bill milford

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

8397 Oldc Post Road

City

Tallahassee

FL

Zip Code
32311

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

Bill Milford

Bill milford

January 10, 1999

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 Delete
 NAME **T LYNN, SUSAN**
 STREET ADDRESS **1439 AVONDALE WAY**
 CITY-ST-ZIP **TALLAHASSEE FL 32311**

TITLE Change Addition
 NAME **Bill milford**
 STREET ADDRESS **8397 Oldc Post Road**
 CITY-ST-ZIP **Tallahassee, FL 32311**

TITLE Delete
 NAME **T DUNAWAY, LAURA**
 STREET ADDRESS **1815 BURNS DR**
 CITY-ST-ZIP **TALLAHASSEE FL**

TITLE Change Addition
 NAME **T Carol Avery**
 STREET ADDRESS **8808 Green Oak Drive**
 CITY-ST-ZIP **Tallahassee, FL 32311**

TITLE Delete
 NAME **T WINDHAM, PATRICIA**
 STREET ADDRESS **12164 WHITEHOUSE ROAD**
 CITY-ST-ZIP **TALLAHASSEE FL 32311**

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

TITLE Delete
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
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 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.

850-488-0555

SIGNATURE:

Patricia Windham

Patricia Windham

January 10, 2000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CRE037 (9/99)