


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2006 8:00 am
Secretary of State

03-08-2006 90183 017 ****61.25

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DOCUMENT # N96000000270					
1. Entity Name THE UNITED CHURCH IN TALLAHASSEE, UNITED CHURCH OF CHRIST, INC.					
Principal Place of Business 1834 MAHAN DRIVE TALLAHASSEE, FL 32308		Mailing Address 1834 MAHAN DRIVE TALLAHASSEE, FL 32308			
2. Principal Place of Business		3. Mailing Address		02212006 Chg-NP CR2E037 (11/05)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2773343	
Applied For				Not Applicable	
Zip	Country	Zip	Country	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		
DIXON, GAIL 2427 BASSWOOD LN TALLAHASSEE, FL 32308			Name <i>Denise Hill</i>		
			Street Address (P.O. Box Number is Not Acceptable)		
			1926 Ascension Way		
			City Tallahassee		FL Zip Code 32308
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 <i>Denise Hill</i>		DENISE HILL		2-27-06	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)		DATE	
Filing 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	FS	<input checked="" type="checkbox"/> Delete	TITLE	C/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LANNON, CATHY		NAME	Denise Hill	
STREET ADDRESS	6728 LAYTON COURT		STREET ADDRESS	1926 Ascension Way	
CITY-ST-ZIP	TALLAHASSEE, FL 32311		CITY-ST-ZIP	Tallahassee, FL 32308	
TITLE	C	<input type="checkbox"/> Delete	TITLE	FS/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WINN, KATHY		NAME	Kathy Winn	
STREET ADDRESS	1006 BROOKWOOD DRIVE		STREET ADDRESS	1006 Brookwood Dr.	
CITY-ST-ZIP	TALLAHASSEE, FL 32308		CITY-ST-ZIP	Tallahassee, FL 32308	
TITLE	T	<input type="checkbox"/> Delete	TITLE	T/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Dow, Roxane		NAME	Roxane Dow	
STREET ADDRESS	1916 E. Indianhead Dr.		STREET ADDRESS	1916 E. Indianhead Dr.	
CITY-ST-ZIP	Tallahassee, FL 32301		CITY-ST-ZIP	Tallahassee, FL 32301	
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		
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 exemptions contained 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 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: <i>Denise Hill</i>		DENISE HILL		2-27-06 850 414-2383	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #	