

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90540 021 ****61.25

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

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

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**DIXON, GAIL
2427 BASSWOOD LN
TALLAHASSEE FL 32308**

7. Name and Address of New Registered Agent

Name

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 _____

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Delete
NAME **CLAPP, STEPHANIE**
STREET ADDRESS **6728 LAYTON COURT**
CITY-ST-ZIP **TALLAHASSEE FL 32311**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **LANDIS, ANN**
STREET ADDRESS **2116 DEERFIELD DR**
CITY-ST-ZIP **TALLAHASSEE FL 32308**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME ~~**WINDHAM, PATRICIA**~~
STREET ADDRESS ~~**12104 WHITEHOUSE ROAD**~~
CITY-ST-ZIP ~~**TALLAHASSEE FL 32311**~~

TITLE Change Addition
NAME **COONRADT, BARBARA**
STREET ADDRESS **1532 PINE FOREST DR**
CITY-ST-ZIP **TALLAHASSEE, FL 32301**

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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
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.

SIGNATURE: *Barbara E. Coonradt, Treasurer* 1/12/03 488-7607

CR2E037 (10/02)