FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # N9600001097 (2)

ARLINGTON CONGREGATIONAL CHURCH, UNITED CHURCH OF CHRIST, INC.

FILED Apr 15 1997 8:00am Secretary of State



Principal Place of Business Mailing Address					1 1001(187 818 817)	
431 UNIVERSITY BLVD. N. JACKSONVILLE FL 32211		431 UNIVERSITY BLVD. N. JACKSONVILLE FL 32211-6953				
					3. Date Incorporated or Qualified 02/26/1996	3a. Date of Last Report
2. Principal P	Place of Business	2a. Mailing Address			4. FEI Number	Applied For
21 26		+			59-6045450	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	S8.75 Additional	
22		27]				Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be	
23 Zin	3 28 Zip Country Zip		Country		Trust Fund Contribution	LJ Added to Fees
24	25	29]	30	y	8. This corporation has liability for in	ntangible tax under s. 199.032,] Yes
24]	9. Name and Address of Current	<u> </u>	1301		10. Name and Address of New Re-	
			81	Name		
MCGAUL	ey, robert e		0.0	Chan at Bala	DO Do Novice No.	(-X
431 UNIVERSITY BLVD. N. JACKSONVILLE FL 32211			82	Street Add	dress (P.O. Box Number is Not Acceptab	le}
			83			·· ·
			84	City		FL 85 Zip Code
11. Pursuant office or r agent. I s	to the provisions of Sections 617.0502 registered agent, or both, in the State o am familiar with, and accept the obligate	and 617.1508, Florida Statut f Florida. Such change was a ons of, Section 617.0503, Fk	es, the above authorized b orida Statute	re-named cor by the corpora es.	poration submits this statement for the p ation's board of directors. I hereby accep	urpose of changing its registered If the appointment as registered
SIGNATURE	Signature, typed or printed name of registered agent	and the develoption (NY)	C. Donatarad As	ont simust and the	ired when reinstaling)	DATE
12.	OFFICERS AND		13.	four signature recir	ADDITIONS/CHANGES TO OFFIC	
TITLE	D	DELETE	1.1 TITLE			Change Addition
NAME	DIETERLE, DANIEL		1,2 NAME			
STREET ADDRESS	4105 HEATH RD.		1.3 STREE	1 ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32277		1.4 CITY-			
TITLE	D	DELETE	2.1 7171.5	· -		Change Addition
NAME	DEMPSEY, WILLIAM III		2.2 NAME			
STREET ADDRESS	11539 KINGSLEY MONOR WAY		2.3 STREE	I ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32225		2. 4 CITY-	ST-7IP		
TITLE	D	DELETE	3.1 1ITLE			Change Addition
NAME	THOMPSON, JON		3.2 NAME			
STREET ADDRESS	129 36TH AVE., S.		3 3 STREE	T ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32250		3.4. CITY-	ST-ZIP		
TITLE	D	DELETE	4.1 TITLE			☐ Change ☐ Addition
NAME	MICHAEL, HERRINGTON		4 2 NAME	J		
STREET ADDRESS	5532 PRIMROSE LN.		4.3 STREE	T ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32277		4.4 CITY-	ST - ZIP		
TITLE	D	☐ DELETE	5.1 TITLE			☐ Change ☐ Addition
NAME	LYON, JON		5.2 NAME			
STREET ADDRESS	1837 SEA OATS DR.		5.3 STREE	T ADDRESS		
CITY-\$T-ZIP	ATLANTIC BEACH FL 32233		5.4 CITY-	ST-ZIP		
TITLE	D	☐ DELETE	G.1 TITLE			Change Addition
NAME	CARDELL, RICHARD B		6.2 NAME]		
STREET ADDRESS	1519 CORNELL RD.		6.3 STREE	T ADDRESS		1
CITY-ST-ZIP	JACKSONVILLE FL 32207		6.4 CITY -	ST-ZIP		

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.