

FILE NOW: FILING FEE IS \$61.25

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Apr 23, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N96000001097

1. Corporation Name
ARLINGTON CONGREGATIONAL CHURCH, UNITED CHURCH OF CHRIST, INC.

Principal Place of Business 431 UNIVERSITY BLVD. N. JACKSONVILLE FL 32211	Mailing Address 431 UNIVERSITY BLVD. N. JACKSONVILLE FL 32211
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 02/26/1996
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-6045450
City & State 23	City & State 28	Applied For Not Applicable
Zip 24	Country 25	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
MCGAULEY, ROBERT E 431 UNIVERSITY BLVD. N. JACKSONVILLE FL 32211		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MCGAULEY, ROBERT E	1.2 NAME	MATTHEWS, SANDRA E
STREET ADDRESS	5425 FT CAROLINE RD	1.3 STREET ADDRESS	14373 FALAN COURT
CITY-ST-ZIP	JACKSONVILLE FL 32277	1.4 CITY-ST-ZIP	JACKSONVILLE, FL 32223
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ENTSMINGER, WAYNE D	2.2 NAME	
STREET ADDRESS	5440 FT CAROLINE RD	2.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32277	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KENYON, T NEAL	3.2 NAME	
STREET ADDRESS	5377 RIVER BLUFF RD	3.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32211	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAMMAKER, CHARLES	4.2 NAME	
STREET ADDRESS	9918 ORCHARD HILLS RD	4.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32256	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEGALL, SANDRA	5.2 NAME	
STREET ADDRESS	3588 RAIN FOREST DR W	5.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32277	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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, with all other like empowered.

SIGNATURE: Sandra E. Matthews SIGNATURE REQUIRED: Sandra E. Matthews 4/15/99 (904) 724-7433

CR2E037 (1/1/98)