**FILE NOW: FILING FEE AFTER MAY 1 IS $155.00**

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 PM 9:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 703382 (2)

1. Corporation Name

THE CONGREGATIONAL CHURCH MOUNT DORA, FLORIDA, I NCORPORATED

| Principal Place of Business | Mailing Address |
|---|---|
| P.O. BOX 944<br>MOUNT DORA FL 32757 | P.O. BOX 944<br>MOUNT DORA FL 32757 |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/29/1961
3a. Date of Last Report: 01/21/1994
4. FEI Number: 59-6140902 ☐ Applied For ☐ Not Applicable

| | |
|---|---|
| 21 2. Principal Place of Business: 650 N. Donnelly St. | 26 2a. Mailing Address: 650 N. Donnelly St. |
| 22 Suite, Apt. #, etc. | 27 Suite, Apt. #, etc. |
| 23 City & State: Mount Dora FL | 28 City & State: Mount Dora FL |
| 24 Zip: 32757 25 Country | 29 Zip: 32757 30 Country |

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status XX **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

BIBLER, PAUL E
615 VINCENT DR.
MOUNT DORA FL 32757

10. Name and Address of New Registered Agent

81 Name: Whitestine, Paul F.
82 Street Address (P.O. Box Number is Not Acceptable): 34002 Linda Lane
83
84 City: Leesburg FL 85 Zip Code: 34788

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: Paul F. Whitestine — Paul F. Whitestine, Treasurer 04/24/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|
| TITLE | PD | 1.1 TITLE | P/Tr | ☒ Change ☐ Addition |
| NAME | ALLEE, ROY J. | 1.2 NAME | Johnson, Russell | |
| STREET ADDRESS | 101 N. GRAND VIEW AVE, APT 209 | 1.3 STREET ADDRESS | 2813 Wekiva Drive | |
| CITY-ST-ZIP | MOUNT DORA FL | 1.4 CITY-ST-ZIP | Tavares, FL | |
| TITLE | D | 2.1 TITLE | Tr | ☒ Change ☐ Addition |
| NAME | DEAN, MARY | 2.2 NAME | | |
| STREET ADDRESS | 3150 LAUREL DRIVE | 2.3 STREET ADDRESS | | |
| CITY-ST-ZIP | MOUNT DORA FL | 2.4 CITY-ST-ZIP | | |
| TITLE | D | 3.1 TITLE | Tr | ☒ Change ☐ Addition |
| NAME | EDMUNDS, ELINOR | 3.2 NAME | Landry, Naomi | |
| STREET ADDRESS | 2585 NORTHLAND ROAD | 3.3 STREET ADDRESS | 411 Mellonville Avenue | |
| CITY-ST-ZIP | MOUNT DORA FL | 3.4 CITY-ST-ZIP | Sanford, FL 32771 | |
| TITLE | D | 4.1 TITLE | Tr | ☒ Change ☐ Addition |
| NAME | JOHNSON, RUSSELL | 4.2 NAME | Emily Walker | |
| STREET ADDRESS | 2813 WEKIVA DRIVE | 4.3 STREET ADDRESS | 101 N. Grandview St., Apt 210 | |
| CITY-ST-ZIP | TAVARES FL | 4.4 CITY-ST-ZIP | Mount Dora FL 32757 | |
| TITLE | D | 5.1 TITLE | Tr | ☒ Change ☐ Addition |
| NAME | WARD, NORMALEA | 5.2 NAME | Ward, Nancylea | |
| STREET ADDRESS | 4269 LAKE ELEANOR DRIVE | 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP | MOUNT DORA FL | 5.4 CITY-ST-ZIP | | |
| TITLE | D | 6.1 TITLE | T/Tr | ☒ Change ☐ Addition |
| NAME | LARKIN, HARRY | 6.2 NAME | Whitestine, Paul | |
| STREET ADDRESS | 640 OLEANDER ST | 6.3 STREET ADDRESS | 34002 Linda Lane | |
| CITY-ST-ZIP | MOUNT DORA FL | 6.4 CITY-ST-ZIP | Leesburg, FL 34788 | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: Paul F. Whitestine — Paul F. Whitestine 04/24/95 (904) 742-0883
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Daytime Phone #)

001876