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Mar 10 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 703382 (2)

1. Corporation Name

THE CONGREGATIONAL CHURCH MOUNT DORA, FLORIDA, INCORPORATED

Principal Place of Business

650 N DONNELLY ST.
MOUNT DORA FL 32757
US

Mailing Address

650 N. DONNELLY ST.
MOUNT DORA FL 32757-4832
US3. Date Incorporated or Qualified
12/29/19613a. Date of Last Report
04/18/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

29 Zip

30 Country

4. FEI Number

59-6140982

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

KARR, NORMAN W.
2136 TOPPING PLACE
EUSTIS FL 32726

10. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE M
NAME JOHNSON, RUSSELL
STREET ADDRESS 2813 WEKIVA DR.
CITY-ST-ZIP TAVARES FL

DELETE

TITLE T
NAME DEAN, MARY
STREET ADDRESS 3150 LAUREL DRIVE
CITY-ST-ZIP MOUNT DORA FL

DELETE

TITLE PT
NAME LANDRY, NAOMI
STREET ADDRESS 411 MELLONVILLE AVE.
CITY-ST-ZIP SANFORD FL

DELETE

TITLE T
NAME MARENGO, JANE
STREET ADDRESS 33730 LINDA LANE
CITY-ST-ZIP LEESBURG FL

DELETE

TITLE T
NAME KARR, RUBY
STREET ADDRESS 2136 TOPPING PLACE
CITY-ST-ZIP EUSTIS FL

DELETE

TITLE T
NAME WHITESTINE, PAUL
STREET ADDRESS 34002 LINDA LANE
CITY-ST-ZIP LEESBURG FL

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P.T.
1.2 NAME SMITH, GEORGE
1.3 STREET ADDRESS 148 E 9TH AVE
1.4 CITY-ST-ZIP MT DORA, FL 32757

Change Addition

2.1 TITLE T
2.2 NAME CLARK, BETTY
2.3 STREET ADDRESS 35822 NASHUA BLVD
2.4 CITY-ST-ZIP SORRENTO, FL 32776

Change Addition

3.1 TITLE T
3.2 NAME ROSS, HELEN
3.3 STREET ADDRESS 36523 SUNDANCE DR
3.4 CITY-ST-ZIP GRAND ISLAND, FL 32735

Change Addition

4.1 TITLE T
4.2 NAME SUMMERS, MAURICE
4.3 STREET ADDRESS PO. BOX 1681
4.4 CITY-ST-ZIP MT DORA, FL 32757

Change Addition

5.1 TITLE T
5.2 NAME MARENGO, JANE
5.3 STREET ADDRESS 33730 LINDA LA.
5.4 CITY-ST-ZIP LEESBURG FL

Change Addition

6.1 TITLE M
6.2 NAME JOHNSON, RUSSELL
6.3 STREET ADDRESS 3281 OAK HILL RD
6.4 CITY-ST-ZIP MT DORA FL

Change Addition

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.

SIGNATURE: Norman W. Karr NORMAN W KARR 1-25-97 393-2285
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0014340

CR2E037 (9/96)