## FILE NOW: FILING FEE IS \$61.25

**NONPROFIT CORPORATION ANNUAL REPORT** 



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

1998

DOCUMENT #

(2)

Malling Address		
650 N. DONNELLY ST. MOUNT DORA FL 32757 US		
2a. Mailing Address		
26		
Suite, Apt. #, etc.		
27		
City & State		

**FILED** Mar 13 1998 8:00am Secretary of State

THE CONGREGATIONAL CHURCH MOUNT DORA, FLORIDA, I NCORPORATED					
Principal Plac	e of Business	Mailing Address		1 185001-18501 80000 11100 11101 10110 11101 01011 01011 01011 01011 01011 10011	
650 N DONNEL Mount Dora US		650 N. DONNELLY ST. MOUNT DORA FL 32757 US		3. Date Incorporated or Qualified  12/29/1961 4. FEI Number Applied For	
A 60		100 14 20 14 14 14 14		<b>59-6140982</b> Not Applicable	
2. Principal P	lace of Business	2a. Mailing Address 26		6. Certificate of Status Desired S8.75 Additional Fee Required	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees	
City & State	ө	City & State		7. Is this nonprofit corporation a homeowners association?	
Zip 24	Country 25	Zip	Country 30	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	
	9. Name and Address of Current	<u> </u>	30	10. Name and Address of New Registered Agent	
			81 Name		
				HOLEN BOSS	
KARR, NORMAN W.			82 Street	Address (P.O. Box Number is Not Acceptable)	
2138 TOPPING PLACE / Leave as 15 EUSTIS FL 32728			83	SIGNATURE DR	
EUSIIS	FL \$2726		00		
			84 City	GRAND TSIAND FL 85 Zip Code 32735	
11. Pursuant	to the provisions of Sentions 617 0502	and 617 1509 Florida Statut	oc the should named	corporation submits this eletement for the purpose of changing its registered	
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.					
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 reinstating)  DATE					
12.	OFFICERS AND	<del></del> ,	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	M	DELETE	1.1 TITLE	MODERATOR Change X Addition	
NAME	JOHNSON, RUSSELL	• •	1.2 NAME	MORMAN KARR	
STREET ADDRESS	2813 WEKIVA DR.		1.3 STREET ADDRESS	2136 TOPPING PL	
CITY-ST-ZIP	TAVARES FL		1.4 CITY - ST - ZIP	EUSTIS FL 32726	
TITLE	Ť	DELETE	2.1 TITLE	Change Addition	
NAME	ČLARK, BETTY		2.2 NAME	NANCYLEA WARD	
STREET ADDRESS	35822 NASHUA BLVD		2.3 STREET ADDRESS	4269 LAKE ELEANOR DRIVE	
CITY-ST-ZIP	SORRENTO FL		2. 4 CITY-ST-ZIP	Mount Dora FL 32757	
TITLE	TREASURER INLT	RUSTER DELETE	3.1 TITLE	☐ Change 🔀 Addition	
NAME	ROSS, HELEN		3.2 NAME	MARY DEAN 3150 LAUREL DR	
STREET ADDRESS	36523 SUNDANCE DR . ,		3.3 STREET ADDRESS	3150 LAUREL PR	
CITY-ST-ZIP	GRAND ISLAND FL /	eave in	3.4. CITY-ST-ZIP	Mount Dora FL 32757	
TITLE	T	DELETE	4.1 TITLE TR	WILLIAM WEBSTER Change Addition	
NAME	MARENGO, JANE		4. 2 NAME	2870 GRAND TRAVERSE CIPCLE	
STREET ADDRESS	33730 LINDA LANE		4.3 STREET ADDRESS	GRAND ISLAND FL 32735	
CITY-ST-ZIP	LEESBURG FL		4.4 CITY - ST - ZIP		
TITLE	PT	DELETE	5.1 TITLE	Change Addition	
NAME (	SMITH, GEORGE		5.2 NAME	BUSSELL JOHNSON	
STREET ADDRESS	148 E 9TH AVE		0.0 0		
CITY-ST-ZIP	MT DORA FL		5.4 CITY - ST - ZIP	Mount DORA FL32757	
TITLE	1	DELETE		SOHN BYGRAVE Change Addition	
NAME	MARENGO, JANE		6.2 NAME	2681 WASHINGTON AVE	
STREET ADDRESS	33730 LINDA LA.		6.3 STREET ADDRESS	Eustis FL 32726	
CITY-ST-ZIP	LEESBURG FL		6.4 CITY-ST-ZIP		

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 suppliemental 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 or an attachment with an address.