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03-09-1999 90031 019 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 703382

1. Corporation Name

THE CONGREGATIONAL CHURCH MOUNT DORA, FLORIDA, I NCORPORATED

Principal Place of Business	Mailing Address
650 N DONNELLY ST. MOUNT DORA FL 32757 US	650 N. DONNELLY ST. MOUNT DORA FL 32757 US

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 12/29/1961
Suite, Apt. #, etc. 22	*Suite, Apt. #, etc.* 27	4. FEI Number 59-6140982 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

KARR, NORMAN W.
2136 TOPPING PLACE
EUSTIS FL 32735

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	M	☐ DELETE	1.1 TITLE	TRUSTEE	☐ Change ☒ Addition
NAME	KARR, NORMAN		1.2 NAME	CLYDE WARD	
STREET ADDRESS	2136 TOPPING PL		1.3 STREET ADDRESS	4269 LAKE ELEANOR DR	
CITY-ST-ZIP	EUSTIS FL 32726		1.4 CITY-ST-ZIP	MOUNT DORA, FL 32757	
TITLE	T	☒ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	WARD, NANCY LEA		2.2 NAME		
STREET ADDRESS	4269 LAKE ELEANOR DR		2.3 STREET ADDRESS		
CITY-ST-ZIP	MOUNT DORA FL 32757		2.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	ROSS, HELEN		3.2 NAME		
STREET ADDRESS	DEAN, MARY 3150 LAUREL DR		3.3 STREET ADDRESS		
CITY-ST-ZIP	MOUNT DORA FL 32757		3.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	WEBSTER, WILLIAM		4.2 NAME		
STREET ADDRESS	2870 GRANT TRAVERSE CIR		4.3 STREET ADDRESS		
CITY-ST-ZIP	GRAND ISLAND FL 32735		4.4 CITY-ST-ZIP		
TITLE	PT	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	JOHNSON, RUSSELL		5.2 NAME		
STREET ADDRESS	3281 OAK HILL RD		5.3 STREET ADDRESS		
CITY-ST-ZIP	MOUNT DORA FL 32757		5.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	BYGRAVE, JOHN		6.2 NAME		
STREET ADDRESS	2681 WASHINGTON AVE		6.3 STREET ADDRESS		
CITY-ST-ZIP	EUSTIS FL 32726		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: Clyde Ward REQUIRED 3/1/99 352-357-1227
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (11/98)