2002 UNIFORM BUSINESS REPORT (UBR)

Apr 11, 2002 8:00 am Secretary of State DOCUMENT # **703382** 1. Entity Name THE CONGREGATIONAL CHURCH MOUNT DORA, FLORIDA, I 04-11-2002 90076 012 ****61.25 Principal Place of Business Mailing Address 650 N DONNELLY ST. 650 N. DONNELLY ST. MOUNT DORA FL 32757 MOUNT DORA FL 32757 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-6140982 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) KARR, NORMAN W. 2136 TOPPING PLACE EUSTIS FL 32735 City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida .4 SIGNATURE _ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) *1 DATE 9. Election Campaign Financing \$5.00 May Be Make Check Payable to FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 MODERATOR TITLE (9/01) Delete TITLE ☐ Change ANNE CLARK NAME BYGRAVE, JOHN NAME 109 PERKINS ST. APTH. STREET ADDRESS STREET ADDRESS 2681 E. WASHINGTON AVE STE.,#26 **CR2E037** CITY-ST-ZIP CITY-ST-ZIP LEES BURG- FL 34748 -4952 EUSTIS FL 32726 TITLE ☐ Delete TITI F ☐ Change ☐ Addition NAME WARD, CLYDE NAME STREET ADDRES STREET ADDRESS 4269 LAKE ELEANOR DR CITY-ST-ZIP CITY-ST-ZIP **MOUNT DORA FL 32757** TITLE TREASUCE R X Delete TITLE Addition **™** Change NAME HELEN ROSS ROSS, HELEN NAME 36523 Jundance Dr STREET ADDRESS STREET ADDRESS DEAN, MARY 3150 LAUREL DR GRAND ISLAND, FL 32735 CITY-ST-7IP CITY-ST-ZIP MOUNT-DORA FL 32757 PRESIDENT OF TRUSTEES TITLE Delete TITLE ■ Addition NAME DAVID ROSS Karr, Ruby NAME 36523 SUNDANCE DR STREET ADDRESS 2136 TOPPING PL STREET ADDRESS GRAND ISLAND FL 32735 CITY-ST-7IP CITY-ST-ZIP EUSTIS FL 32726 TITLE Delete ☐ Change ☐ Addition NAME JOHNSON, GLORIA NAME STREET ADDRESS STREET ADDRESS 3281 OAK HILL RD CITY-ST-ZIP CITY-ST-ZIP MOUNT DORA FL 32757 POT TRUSTEE TITLE Delete TITLE **K**Change **X** Addition MARY DEAN 3150 LAUREL DR NAME DEAN, TRUSTEE NAME

MOUNT DORA FL 32757 MOUNT DORA FL 32757 12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 61 changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

STREET ADDRESS

SIGNATURE:

3150 Laurel dr

STREET ADDRESS

CITY-ST-ZIP