2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2005 8:00 am
Secretary of State
03-16-2005 90040 002 ****61.25

DOCUMENT # 703382

1. Entity Name
THE CONGREGATIONAL CHURCH MOUNT DORA, FLORIDA, INCORPORATED

50027449

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

01172005 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-6140982 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
KARR, NORMAN W. 2136 TOPPING PLACE EUSTIS, FL 32735	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** 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. I am familiar with, and accept the obligations of registered agent.

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

Filing Fee is $61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	M KARR, NORMAN 2136 TOPPING PL EUSTIS, FL 32726	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	WARD, NANCY LEA, M. DEVISEE 4269 LAKE ELEANOR DR. MOUNT DORA, FL 32757	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TR PRES. & TR COOMER, GAIL 34539 MARSHALL RD. EUSTIS, FL 32736	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T ROSS, HELEN 36523 SUNDANCE DR GRAND ISLAND, FL 32735	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TR PROSEUS, EVELYN 4268 LAKE ELEANOR DR. MOUNT DORA, FL 32757	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TR ZACKEL, ROBERT 1304 MOHAWK CIRCLE TAVARES, FL 32778	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	KARR, NORMAN TRUSTEE 2136 TOPPING PL, EUSTIS FL 32726	☒ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T SCHEFFER, JAMES 130 LAKEVIEW LANE GRAND ISLAND, FL 32735	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. 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 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Helen Ross HELEN ROSS, TREAS. 4/1/05 352-357-1227
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #