2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 07, 2003 8:00 am
Secretary of State
05-07-2003 90170 008 ****61.25

DOCUMENT # 703382

1. Entity Name

THE CONGREGATIONAL CHURCH MOUNT DORA, FLORIDA, INCORPORATED

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

☐ CHECK HERE IF MAKING CHANGES

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

FILE NOW: FEE IS $61.25

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 CLARK, ANNE 107 PERKINS ST APT 4 LEESBURG FL 34748-4852	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MODERATOR NORMAN KARR 2136 TOPPING PL EUSTIS FL 32726	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T WARD, CLYDE 4269 LAKE ELEANOR DR MOUNT DORA FL 32757	☐ 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	POT ROSS, DAVID 36523 SUNDANCE DR GRAND ISLAND FL 32735	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	POT NANCY LEA WARD 4269 LAKE ELEANOR DR MOUNT DORA FL 32757	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T JOHNSON, GLORIA 3281 OAK HILL RD MOUNT DORA FL 32757	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TRUSTEE JOYCE VANCLUYCK 36630 SUNDANCE DR GRAND ISLAND FL 32735	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T DEAN, MARY 3150 LAUREL DR MOUNT DORA FL 32757	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TRUSTEE JAMES SCHEFFER 130 LAKEVIEW LANE MOUNT DORA FL 32735	☐ Change ☒ Addition

CR2E037 (10/02)

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: Deborah Ann Scheffer 4/15/03 352-357-1227
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #