FILE NOW: FILING FEE IS $61.2

NONPROFIT CORPORATION ANNUAL REPORT
1996

FLORIDA DEPARTME[illegible]OF STATE
Sandra B. Mo[illegible]n
Secretary of S[illegible]e
DIVISION OF CORP[illegible]ATIONS

DOCUMENT # **737924** **(1)**

1. Corporation Name

CONGREGATIONAL CHURCH OF LAUREL INC.

Principal Place of Business	Mailing Address
730 E. LAUREL ROAD P.O. BOX 367 LAUREL FL 34272	730 E. LAUREL ROAD P.O. BOX 367 LAUREL FL 34272

3. Date Incorporated or Qualified: **01/25/1977**
3a. Date of Last Report: **02/13/1995**

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 / Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 / Country — 30

4. FEI Number: **59-7110200** ☐ Applied For ☐ Not Applicable

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

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

MCCAY, KENNETH A.
429 SHORE ROAD
NOKOMIS FL 34275

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 Kenneth A McCay (Signature, typed or printed name of Registered Agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P PETRIDES, PHYLLIS 4101 CENTER GATE BLVD. SARASOTA FL 34233	☒ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	P KEITH, LARRY 1010 E. LAUREL AVE #569 NOKOMIS, FL 34275	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S POOLE, TAMMY 413 LAKEVIEW DR NOKOMIS FL	☐ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	S POOLE, TAMMY 413 LAKEVIEW DR. NOKOMIS, FL 34275	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V LONG, SHIRLEY 11313 LAUREL AVE. VENICE FL	☒ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	T FERGUSON, DIANA 52 DARTMOUTH RD. VENICE, FL 34293	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T FERGUSON, DIANA P.O. BOX 191 1225 SUNSET AVE. LAUREL FL 34272	☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	T CRAIG, RODGER P.O. BOX 683, 204 SUNSET AVE LAUREL, FL 34272	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T RODGER, CRAIG P.O. BOX 683 204 SUNSET AVE. LAUREL FL 34272	☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	T FERGUSON, JOHN 52 DARTMOUTH RD. VENICE, FL 34293	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T POOLE, TAMMY 413 LAKEVIEW DR. NOKOMIS FL 34275	☒ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	T FORSYTHE, DOROTHY 34 CAPTAIN KIDD CIRCLE NOKOMIS, FL 34275	☐ Change ☐ Addition

CR2E037 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: Rodger Craig (SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) Date Daytime Phone #