

2-20-97 B 2156 C  
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Feb 20 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

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 34272-0367

3. Date Incorporated or Qualified  
01/25/1977

3a. Date of Last Report  
02/07/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

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

10. Name and Address of New Registered Agent

MCCAY, KENNETH A.  
429 SHORE ROAD  
NOKOMIS FL 34275

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

2/3/97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input checked="" type="checkbox"/> DELETE
P	KEITH, LARRY	1020 E LAUREL AVENUE 389	NOKOMIS FL	<input checked="" type="checkbox"/>
S	POOLE, TAMMY	413 LAKEVIEW DR	NOKOMIS FL	<input checked="" type="checkbox"/>
T	FERGUSON, DIANA	52 DARTMOUTH DRIVE	VENICE FL	<input checked="" type="checkbox"/>
T	FERGUSON, DIANA	P.O. BOX 191 1225 SUNSET AVE.	LAUREL FL 34272	<input checked="" type="checkbox"/>
T	RODGER, CRAIG	P.O. BOX 683 204 SUNSET AVE.	LAUREL FL 34272	<input checked="" type="checkbox"/>
T	FORSYTHE, DOROTHY	34 CAPTAIN KIDD CIRCLE	NOKOMIS FL	<input checked="" type="checkbox"/>

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
	SHIRLEY LONG	1313 LAUREL AVE.	VENICE, FL 33292	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY - ST - ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
	ROBERT FERGUSON	1225 SUNSET AVE.	LAUREL, FL 34272	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY - ST - ZIP	<input checked="" type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
	DIANA FERGUSON	32 DARTMOUTH RD.	VENICE, FL 33293	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY - ST - ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
	TAMMY POOLE	413 LAKEVIEW DR.	NOKOMIS, FL 34272	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

14. I do 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.

SIGNATURE: Diana J. Ferguson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/16/97

Date

941-492-6697

Daytime Phone # 0064017

CR2E037 (9/96)