

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 737924

1. Entity Name

CONGREGATIONAL CHURCH OF LAUREL INC.

FILED
Feb 07, 2000 8:00 am
Secretary of State

02-07-2000 90077 008 ****61.25

Principal Place of Business Mailing Address
730 E. LAUREL ROAD 730 E. LAUREL ROAD
P.O. BOX 367 P.O. BOX 367
LAUREL FL 34272 LAUREL FL 34272-0367

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 59-7110200

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MCCAY, KENNETH A.
429 SHORE ROAD
NOKOMIS FL 34275

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.

SIGNATURE

Kenneth A. McCay

Kenneth A McCay

2/1/00

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
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete
NAME POOLE, TAMMY
STREET ADDRESS 413 LAKESIDE DR
CITY-ST-ZIP NOKOMIS FL 34275

TITLE PD ☒ Change ☐ Addition
NAME POOLE, TAMMY
STREET ADDRESS 413 LAKEVIEW DR.
CITY-ST-ZIP NOKOMIS, FL 34275

TITLE TD ☐ Delete
NAME SCHOSSOW, DOROTHY C
STREET ADDRESS 89 ANNA BONNY CIR S
CITY-ST-ZIP NOKOMIS FL 34275

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VD ☐ Delete
NAME FAIRCHILD, SHIRLEY C
STREET ADDRESS 3240 SIESTA DR
CITY-ST-ZIP VENICE FL 34293

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SD ☐ Delete
NAME BURRIS, CAROL
STREET ADDRESS 105 CAROT DR
CITY-ST-ZIP NOKOMIS FL 34275

TITLE SD ☒ Change ☐ Addition
NAME PORTER, SHERRY
STREET ADDRESS 913 LINDIS LANE
CITY-ST-ZIP NOKOMIS, FL 34275

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Dorothy C Schossow
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/1/00 *941-484-1187*