

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 12, 2001 8:00 am
Secretary of State

02-12-2001 90012 004 ****61.25

DOCUMENT # 737924

1. Entity Name

CONGREGATIONAL CHURCH OF LAUREL INC.

Principal Place of Business

**730 E. LAUREL ROAD
P.O. BOX 367
LAUREL FL 34272**

Mailing Address

**730 E. LAUREL ROAD
P.O. BOX 367
LAUREL FL 34272**

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**

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

2/5/01

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 LAKEVIEW DR.**
CITY-ST-ZIP **NOKOMIS FL 34275**

TITLE **PD** ☒ Change ☐ Addition
NAME **LOUISE CRAIG**
STREET ADDRESS **P.O. BOX 693 SUNSET DR.**
CITY-ST-ZIP **LAUREL, FL 34272**

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 **VD** ☒ Change ☐ Addition
NAME **PHYLLIS PETRIDES**
STREET ADDRESS **4101 CENTER GATE BLVD**
CITY-ST-ZIP **SARASOTA, FL 34233**

TITLE **SD** ☐ Delete
NAME **PORTER, SHERRY**
STREET ADDRESS **913 LINDIS LANE**
CITY-ST-ZIP **NOKOMIS FL 34275**

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

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 **Dorothy C. Schossow** *2/5/01* *941-484-1187*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)