

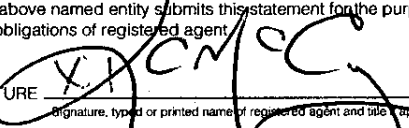



2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2004 8:00 am
Secretary of State

02-09-2004 90017 036 ****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		 01072004 Chg-NP CR2E037 (10/03)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Zip			
Country		Country		4. FEI Number 59-1724625	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent MCCAY, K C 217 MONET DR NOKOMIS, FL 34272				7. Name and Address of New Registered Agent 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  (NOTE: Registered Agent signature required when reinstating) DATE					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing <input type="checkbox"/> 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	PD	<input checked="" type="checkbox"/> Delete	TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CRAIG, LOUISE		NAME	Richard Palmer	
STREET ADDRESS	470 TREASURE RD		STREET ADDRESS	255 N Tamiami Trail	
CITY-ST-ZIP	VENICE, FL 34293		CITY-ST-ZIP	Nokomis, FL 34275	
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FARINA, DONNA		NAME	Betty Jo Wilson	
STREET ADDRESS	1232 SLEEN HOLLOW RD		STREET ADDRESS	317 Shamrock Blvd	
CITY-ST-ZIP	VENICE, FL 34292		CITY-ST-ZIP	Venice, FL 34293	
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FREYEISEN, ERIC		NAME	Elizabeth Hoag	
STREET ADDRESS	1250 COMMEMAUSE CIR		STREET ADDRESS	232 Glen Oak	
CITY-ST-ZIP	NOKOMIS, FL 34275		CITY-ST-ZIP	Venice FL 34293	
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MCCAY, KATHLEEN		NAME	Lydia Freyeisen	
STREET ADDRESS	217 MONET DR		STREET ADDRESS	1250 Connemara Circle	
CITY-ST-ZIP	NOKOMIS, FL 34275		CITY-ST-ZIP	Nokomis, FL 34275	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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:  Lydia A Freyeisen 1-30-04 941 484 3201					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					