
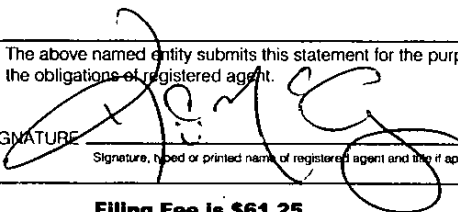
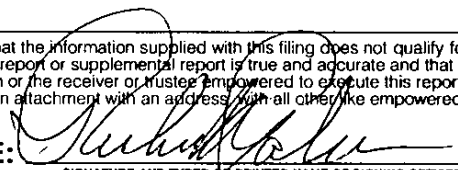


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2007 8:00 am
Secretary of State

04-20-2007 90084 014 ****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 - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		04132007 Chg-NP CR2E037 (12/06)	
4. FEI Number 59-1724625				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
MCCAY, K C 217 MONET DR NOKOMIS, FL 34272			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: 4/19/07					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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 NAME STREET ADDRESS CITY-ST-ZIP	PD PALMER, RICHARD 255 N TAMiami TRAIL NOKOMIS, FL 34275	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MERRITT, DANIEL 128 AVE DE BOHIA NOKOMIS, FL 34275	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Temporarily Vacant. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WILSON, BETTY JO 717 SHAMROCK DR VENICE, FL 34293	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SAUTER, MICHELLE 4320 REDWOOD RD VENICE, FL 34293	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER. DEBRA TAYLOR. 1223 EAST GATE DRIVE VENICE FL 34293 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  DATE: 4/19/07 Daytime Phone #					

ATTACHMENT

40072737

Florida Department of State, Division of Corporations

Corporations Online

www.sunbiz.org

Public Inquiry

Florida Non Profit

CONGREGATIONAL CHURCH OF LAUREL INC.

PRINCIPAL ADDRESS

730 E. LAUREL ROAD
 P.O. BOX 367
 LAUREL FL 34272
 Changed 04/03/1992

MAILING ADDRESS

730 E. LAUREL ROAD
 P.O. BOX 367
 LAUREL FL 34272
 Changed 04/03/1992

Document Number
 737924

FEI Number
 591724625

Date Filed
 01/25/1977

State
 FL

Status
 ACTIVE

Effective Date
 NONE

Last Event
 NAME CHANGE
 AMENDMENT

Event Date Filed
 04/30/1987

Event Effective Date
 NONE

Registered Agent

Name & Address
MCCAY, K C 217 MONET DR NOKOMIS FL 34272
Name Changed: 05/28/2002
Address Changed: 05/28/2002

Officer/Director Detail

Name & Address	Title
PALMER, RICHARD 255 N TAMiami TRAIL NOKOMIS FL 34275	PD
WILSON, BETTY JO 317 SHAMROCK BLVD VENICE FL 34293	VP
HOAG, ELIZABETH	