

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2003 8:00 am
Secretary of State

02-21-2003 90226 015 ****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 **59-1724625**

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, 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

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☐ Delete
NAME **CRAIG, LOUISE**
STREET ADDRESS **PO BOX 683 SUNSET DRIVE**
CITY-ST-ZIP **LAUREL FL 34272**

TITLE **PD** ☒ Change ☐ Addition
NAME **PARK, CHARLES**
STREET ADDRESS **470 TREASURE RD**
CITY-ST-ZIP **VENICE FL 34293**

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

TITLE **TD** ☒ Change ☐ Addition
NAME **FARINA, DONNA**
STREET ADDRESS **1232 SLEEPY HOLLOW RD**
CITY-ST-ZIP **VENICE FL 34292**

TITLE **VD** ☐ Delete
NAME **BURRIS, JOHN**
STREET ADDRESS **105 CAROT DR**
CITY-ST-ZIP **NOKOMIS FL 34275**

TITLE **VD** ☒ Change ☐ Addition
NAME **FREYEISEN, ERIC**
STREET ADDRESS **1258 COMMEMORIAL CIRCLE**
CITY-ST-ZIP **NOKOMIS FL 34275**

TITLE **SD** ☐ Delete
NAME **POOLE, TAMMY**
STREET ADDRESS **413 LAKE VIEW DR**
CITY-ST-ZIP **NOKOMIS FL 34275**

TITLE **SD** ☒ Change ☐ Addition
NAME **MCCAY KATHLEEN**
STREET ADDRESS **217 MONET DR.**
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:

SIGNATURE REQUIRED

1/26/03 941-914-6389

CR2E037 (10/02)