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Jan 27 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1997**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **748800** **(0)**

1. Corporation Name

THE FIRST CONGREGATIONAL CHURCH, INTERLACHEN, FL , INC.

Principal Place of Business	Mailing Address
CORNER OF TROPIC AVE. & WASHINGTON STREET P.O. BOX 67 INTERLACHEN FL 32148	CORNER OF TROPIC AVE. & WASHINGTON STREET P.O. BOX 67 INTERLACHEN FL 32148-0067

3. Date Incorporated or Qualified: 09/05/1979
3a. Date of Last Report: 01/29/1996

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / Country — 25 / Zip — 29 / Country — 30

4. FEI Number: 59-2893656 ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

BENSON, ROBERT
116 SHORE SIDE LANE
INTERLACHEN FL 32048

10. Name and Address of New Registered Agent

81 Name: BERMON PRITT
82 Street Address (P.O. Box Number is Not Acceptable): RT 4 BOX 34M 3rd AVE EAST OF LAKEV
83: INTERLACHEN, FL 32148
84 City: FL 85 Zip Code: 32148

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: Benson & Pritt (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE: 1-17-97

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CD	☒ DELETE	1.1 TITLE	CD	☐ Change ☒ Addition
NAME	STOCK, JOSEPH		1.2 NAME	BERMON PRITT	
STREET ADDRESS	PO BOX 103 N/A		1.3 STREET ADDRESS	RT 4 BOX 34M, 3rd AV, EAST OF LAKEV	
CITY-ST-ZIP	INTERLACHEN FL		1.4 CITY-ST-ZIP	INTERLACHEN, FL 32148	
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	OWEN, HOWARD		2.2 NAME		
STREET ADDRESS	PO BOX 988 N/A		2.3 STREET ADDRESS		
CITY-ST-ZIP	INTERLACHEN FL		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	BENSON, ROBERT		3.2 NAME		
STREET ADDRESS	PO BOX 186 N/A		3.3 STREET ADDRESS		
CITY-ST-ZIP	INTERLACHEN FL		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	OWEN, NANCY		4.2 NAME		
STREET ADDRESS	PO BOX 988 N/A		4.3 STREET ADDRESS		
CITY-ST-ZIP	INTERLACHEN FL		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	CUSTEAD, PAUL		5.2 NAME		
STREET ADDRESS	R2 BOX 160		5.3 STREET ADDRESS		
CITY-ST-ZIP	INTERLACHEN FL		5.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	KERBS, EDWIN		6.2 NAME		
STREET ADDRESS	RT. 1 BOX 231C		6.3 STREET ADDRESS		
CITY-ST-ZIP	INTERLACHEN FL		6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

HOWARD N. OWEN CHURCH CLERK

SIGNATURE: Howard N. Owen 1-14-97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date

(904)684-2013
Daytime Phone Number

000296