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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 748800

1. Corporation Name

**THE FIRST CONGREGATIONAL CHURCH, INTERLACHEN, FL
, INC.**

Principal Place of Business

CORNER OF TROPIC AVE. & WASHINGTON STREET
P.O. BOX 67
INTERLACHEN FL 32148

Mailing Address

CORNER OF TROPIC AVE. & WASHINGTON STREET
P.O. BOX 67
INTERLACHEN FL 32148



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country

3. Date Incorporated or Qualified

09/05/1979

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

9. Name and Address of Current Registered Agent

**PRITT, SR B
RT 4 BOX 34 M 3RD AVE EAST OF LAKEVIEW
INTERLACHEN FL 32148**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☒ DELETE
NAME **CD**
STREET ADDRESS **CLINTON, BENJAMIN**
CITY-ST-ZIP **P O BOX 104**
INTERLACHEN FL 32148

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **OWEN, HOWARD**
CITY-ST-ZIP **PO BOX 988 N/A**
INTERLACHEN FL

TITLE ☒ DELETE
NAME **D**
STREET ADDRESS **BENSON, ROBERT**
CITY-ST-ZIP **PO BOX 186 N/A**
INTERLACHEN FL

TITLE ☒ DELETE
NAME **D**
STREET ADDRESS **OWEN, NANCY**
CITY-ST-ZIP **PO BOX 988 N/A**
INTERLACHEN FL

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **CUSTEAD, PAUL**
CITY-ST-ZIP **R2 BOX 160 N/A**
INTERLACHEN FL

TITLE ☒ DELETE
NAME **T**
STREET ADDRESS **KERBS, EDWIN**
CITY-ST-ZIP **RT. 1 BOX 231C**
INTERLACHEN FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME **CD**
1.3 STREET ADDRESS **DEZWAAN, MARY C.**
1.4 CITY-ST-ZIP **270 OLD WOODS RD, INTERLACHEN 32148**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME **D**
3.3 STREET ADDRESS **SECRETI, MERNIE**
3.4 CITY-ST-ZIP **224 COLOGNE ST.**
INTERLACHEN, FL 32148

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME **VIRGINIA LINDSTROM**
4.3 STREET ADDRESS **313 MORRISON RD.**
4.4 CITY-ST-ZIP **INTERLACHEN, FL 32148**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☒ Change ☐ Addition
6.2 NAME **BARBARA TILL**
6.3 STREET ADDRESS **301 4th WAY**
6.4 CITY-ST-ZIP **INTERLACHEN, FL 32148**

14. 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 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, with all other like empowered.

SIGNATURE: **HOWARD N. OWEN**
REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-20-99 (94) 684 2013
Date Daytime Phone #

CR2E037 (11/98)