2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 748800

1. Entity Name

THE FIRST CONGREGATIONAL CHURCH, INTERLACHEN, FL, INC.

FILED
00 JUN 26 PM 12:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

500003279965--7
-06/27/00--01063--003
DO NOT WRITE ON THIS SPACE ****35.00

Principal Place of Business 748800	Mailing Address
CORNER OF TROPIC AVE & WASHINGTON ST. P.O.BOX 67 INTERLACHEN, FL 32148	CORNER TROPIC & WASHINGTON ST. P.O.BOX 67 INTERLACHEN, FL 32148

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 59-2893656 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

Pritt, Berman
447 S. 3rd. Ave.
Interlachen, FL 32148

7. Name and Address of New Registered Agent

Name: Tull, Barbara(Chairman, Bd. of Directors)
Street Address (P.O. Box Number is Not Acceptable): 301 4th Way
City: Interlachen **FL** Zip Code: 32148

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.

SIGNATURE: Barbara Tull Barbara Tull, Chairman, Bd. of Directors 6/17/00
(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 Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CD DEZWAAN, MARY C. 270 OLD WOODS RD. INTERLACHEN, FL 32148	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SMITH, SAMUEL ARTHUR 620 USINA AVE. FLORAHOME, FL 32140	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D OWEN, HOWARD P.O.BOX 988 INTERLACHEN, FL 32148	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HOWARD, TOM 301 4th Way INTERLACHEN, FL 32148	☒ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LINDSTROM, VIRGINIA 313 MORRISON RD. INTERLACHEN, FL 32148	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T CONGER, FRANCES IRENE 295 OLD WOODS RD. INTERLACHEN, FL 32148	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SECRETI, MERNIE 224 COLOGNE ST. INTERLACHEN, FL 32148	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S SMITH, CAROL 620 USINA AVE. FLORAHOME, FL 32140	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T TULL, BARBARA 301 4th WAY INTERLACHEN, FL 32148	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	C/D TULL, BARBARA 301 4th WAY INTERLACHEN, FL 32148 500003279965--7	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MD -06/07/00--01058--012 LAWSON, GLENN ****35.00 ****35.00 409 WASHINGTON ST. INTERLACHEN, FL 32148	☐ Change ☒ Addition

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: CAROL SMITH 6/17/00 (904) 659-2651
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

(EF - 5037 (1/99))