

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 18, 2002 8:00 am
Secretary of State

07-18-2002 90126 028 ****61.25

DOCUMENT # 748800

1. Entity Name

THE FIRST CONGREGATIONAL CHURCH, INTERLACHEN, FL, INC.

Principal Place of Business

Mailing Address

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

CORNER OF TROPIC AVE. & 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 ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WHITTIER, FRANCES H
440 ATLANTIC AVE
INTERLACHEN FL 32148

Name **Howard N. Owen**

FINANCIAL SECY

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

105 Shore Side Lane

Interlachen, FL 32148

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Howard N. Owen

7-15-02

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

(NOTE: Registered Agent signature required when reinstating)

DATE

After September 13, 2002,
min. will be \$236.25.

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 **CD** ☐ Delete
NAME **SECRETI, MERNIE**
STREET ADDRESS **224 COLOGNE STREET**
CITY-ST-ZIP **INTERLACHEN FL 32148**

TITLE **CD** ☒ Change ☐ Addition
NAME **L. Harkey Woods**
STREET ADDRESS **187 C. R. 315 N.**
CITY-ST-ZIP **Interlachen, FL 32148**

TITLE **D** ☐ Delete
NAME **SMITH, SAMUEL A**
STREET ADDRESS **620 USINA AVENUE**
CITY-ST-ZIP **INTERLACHEN FL 33148**

TITLE **George Lindstrom** ☒ Change ☐ Addition
NAME **313-Morrison**
STREET ADDRESS **Interlachen, FL 32148**
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **HOWARD, TOM**
STREET ADDRESS **301 4TH WAY**
CITY-ST-ZIP **INTERLACHEN FL 32148**

TITLE **Janet Davis** ☒ Change ☐ Addition
NAME **212E Tremont**
STREET ADDRESS **Interlachen, FL 32148**
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **LINDSTROM, VIRGINIA**
STREET ADDRESS **313 MORRISON RD**
CITY-ST-ZIP **INTERLACHEN FL 32148**

TITLE **Mary Lou Dawson** ☒ Change ☐ Addition
NAME **P.O. Box 111**
STREET ADDRESS **Interlachen, FL 32148**
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **WOODS, HARLEY L**
STREET ADDRESS **187 CR 315 N**
CITY-ST-ZIP **INTERLACHEN FL 32148**

TITLE **Milton DeZwaan** ☒ Change ☐ Addition
NAME **270**
STREET ADDRESS **Old Woods Rd.**
CITY-ST-ZIP **Interlachen, FL 32148**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **Tom Howard** ☒ Change ☐ Addition
NAME
STREET ADDRESS **301 Fourth Way**
CITY-ST-ZIP **Interlachen, FL 32148**

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:

Howard N. Owen

7-15-02 (386)684-2013

CR2E037 (4/02)