2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 04, 2004 8:00 am
Secretary of State
08-04-2004 90018 032 ****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

07132004 Chg-NP CR2E037 (10/03)

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
OWEN, HOWARD N. 105 SHORE SIDE LANE INTERLACHEN, FL 32148	Name: Lynn Edward Dawson Street Address (P.O. Box Number is Not Acceptable): 211 Prospect Street 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: Lynn E Dawson — July 29, 2004
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by September 8, 2004

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	CD WOODS, HARTEY 187 C.R. 315 N. INTERLACHEN, FL 32148	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CD Janet Davis 212 E Tremont Interlachen, Fl. 32148	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LINDSTROM, GEORGE 313 MORRISON INTERLACHEN, FL 33148	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DAVIS, JANET 212 E TREMONT INTERLACHEN, FL 32148	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Kathy Donohoo P.O. Box 965 Interlachen, Fl. 32148	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DAWSON, MARY LOU P.O. BOX 111 INTERLACHEN, FL 32148	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Pernie Secreti 224 Cologne Interlachen, Fl. 32148	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DEZWAAN, MILTON 270 OLD WOODS RD INTERLACHEN, FL 32148	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HOWARD, TOM 301 FOURTH WAY INTERLACHEN, FL 32148	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D John H. Whitman 103 Lynnwood Ave. 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: Janet Davis, JANET DAVIS — 7-29-04 — 386-684-0226
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #