

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 05, 2005 8:00 am**  
**Secretary of State**

05-05-2005 90104 035 \*\*\*\*61.25

|                                                                                                             |                                                                                   |
|-------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| <b>DOCUMENT # 748800</b><br>1. Entity Name<br><b>THE FIRST CONGREGATIONAL CHURCH, INTERLACHEN, FL, INC.</b> |  |
|-------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|

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| Principal Place of Business<br><b>CORNER OF TROPIC AVE. &amp; WASHINGTON ST<br/>P.O. BOX 67<br/>INTERLACHEN FL 32148</b> | Mailing Address<br><b>CORNER OF TROPIC AVE. &amp; WASHINGTON ST<br/>P.O. BOX 67<br/>INTERLACHEN FL 32148</b> |
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|-------------------------------------------------------|-------------------------------------------|
| 2. Principal Place of Business<br>Suite, Apt. #, etc. | 3. Mailing Address<br>Suite, Apt. #, etc. |
| City & State                                          | City & State                              |
| Zip Country                                           | Zip Country                               |

|                                                                                                                          |                                                                                                                                         |
|--------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|
| 6. Name and Address of Current Registered Agent<br><b>DAWSON, LYNN E<br/>211 PROSECT STREET<br/>INTERLACHEN FL 32148</b> | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><b>FL</b> Zip Code |
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

|                                                        |                                                                                                                           |                                                              |
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| <b>FILE NOW: FEE IS \$61.25<br/>Due By May 1, 2005</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be<br>Added to Fees | <b>Make Check Payable to<br/>Florida Department of State</b> |
|--------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|

| 10. OFFICERS AND DIRECTORS                     |                                                                                                            | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |                                                                                                                                                        |
|------------------------------------------------|------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>CD<br/>DAVIS, JANET<br/>212 E TREMONT<br/>INTERLACHEN FL 32148</b> <input type="checkbox"/> Delete      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>CLERK<br/>NANCY L. OWEN<br/>P.O. BOX 988<br/>INTERLACHEN, FL 32148</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D<br/>LINDSTROM, GEORGE<br/>313 MORRISON<br/>INTERLACHEN FL 33148</b> <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D<br/>DENOHO, KATHY<br/>PO BOX 965<br/>INTERLACHEN FL 32148</b> <input type="checkbox"/> Delete         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D<br/>SECRETI, MERNIE<br/>224 COLOGNE<br/>INTERLACHEN FL 32148</b> <input type="checkbox"/> Delete      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D<br/>DEZWAAN, MILTON<br/>270 OLD WOODS RD<br/>INTERLACHEN FL 32148</b> <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D<br/>WHITMAN, JOHN H<br/>103 LYNNWOOD AVE<br/>INTERLACHEN FL 32148</b> <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> 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:** Nancy L. Owen **NANCY L. OWEN, CLERK, 4-28-05 386-6842013**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

**50049116**



1st MOORE CR2E037 (10/04)

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| 4. FEI Number<br><b>59-2893656</b> | Applied For<br><input type="checkbox"/> Not Applicable |
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| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional<br>Fee Required |
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