2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 25, 2006 8:00 am
Secretary of State
05-25-2006 90013 045 ****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

05022006 Chg-NP CR2E037 (4/06)

2. Principal Place of Business	3. Mailing Address
SAME	SAME
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
DAWSON, LYNN E ~~211 PROPSECT STREET~~ P.O. BOX 111 211 PROSPECT ST. INTERLACHEN, FL 32148	Name (NO CHANGE) Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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 MR. LYNN E. DAWSON "CHURCH MODERATOR" REGISTERED AGENT 6-4-06
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 6, 2006

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 DAVIS, JANET 212 E TREMONT INTERLACHEN, FL 32148	☒ Delete	CHURCH CLERK NANCY L. OWEN P.O. 988 INTERLACHEN, FL. 32148	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LINDSTROM, GEORGE 313 MORRISON INTERLACHEN, FL 33148	☒ Delete	DIRECTOR ROSEMARY CUSTEAD 334 7th WAY INTERLACHEN, FL. 32148	☒ Change ☐ Addition
TITLE ✓ / NAME / STREET ADDRESS / CITY-ST-ZIP	D DONOHOO, KATHY PO BOX 965 INTERLACHEN, FL 32148		DIRECTOR LOUISE CONNER 124 REAVES ST. INTERLACHEN, FL. 32148	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SECRETI, MERNIE 224 COLOGNE INTERLACHEN, FL 32148	☒ Delete	KIP BENJAMIN 104 TEMPEST INTERLACHEN, FL 32148	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DEZWAAN, MILTON 270 OLD WOODS RD INTERLACHEN, FL 32148	☒ Delete	TREASURER "DEE" WHITMAN 103 LYNWOOD AVE. INTERLACHEN, FL. 32148	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~C.D.~~ WHITMAN, JOHN H 103 LYNNWOOD AVE INTERLACHEN, FL 32148	☒ Delete	CD WHITMAN, JOHN H. 103 LYNNWOOD AVE INTERLACHEN FL. 32148	☒ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 6-4-06 386-684-2013
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #