


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 17, 2007 8:00 am
Secretary of State

07-17-2007 90136 016 ****61.25

DOCUMENT # 748800 1. Entity Name THE FIRST CONGREGATIONAL CHURCH, INTERLACHEN, FL, INC.					
Principal Place of Business CORNER OF TROPIC AVE. & WASHINGTON ST. P.O. BOX 67 INTERLACHEN, FL 32148			Mailing Address CORNER OF TROPIC AVE. & WASHINGTON ST. P.O. BOX 67 INTERLACHEN, FL 32148		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 59-2893656	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DAWSON, LYNN E PO BOX 111 211 PROSPECT ST INTERLACHEN, FL 32148				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				Applied For Not Applicable	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE _____ <small>(NOTE: Registered Agent signature required when reinstating)</small>	
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State		10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <input type="checkbox"/> Delete OWEN, NANCY L PO BOX 983 INTERLACHEN, FL 32148				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete CUSTEAD, ROSEMARY 334 7TH WAY INTERLACHEN, FL 32148				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete CONNER, LOUISE 124 REAVES ST INTERLACHEN, FL 32148				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete BENJAMIN, KIP 104 TEMPEST INTERLACHEN, FL 32148				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <input checked="" type="checkbox"/> Delete WHITMAN, DEE 103 LYNNWOOD AVE INTERLACHEN, FL 32148				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD <input checked="" type="checkbox"/> Delete WHITMAN, JOHN H 103 LYNNWOOD AVE INTERLACHEN, FL 32148				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 <input type="checkbox"/> Change <input type="checkbox"/> Addition C/O CONNER, LOUISE 124 REAVES AVE INTERLACHEN, FL 32148				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition T BROWN, EMMA JEAN 219 NORMAN AVE. INTERLACHEN, FL 32148				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition D FABIAN, LOUIS 122 GINGER LANE INTERLACHEN, FL 32148				
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: <i>Louise Conner</i> LOUISE CONNER					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date 07/10/07	
Daytime Phone # 386 684-4778				Daytime Phone #	