


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2008 8:00 am
Secretary of State

04-24-2008 90099 044 ****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 # 415 WASHINGTON ST.		3. Mailing Address P.O. BOX 67			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State INTERLACHEN, FL.		City & State INTERLACHEN, FL.		4. FEI Number 59-2893656	
Zip 32148		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 32148		Country USA		6. Name and Address of Current Registered Agent DAWSON, LYNN E PO BOX 111 211 PROSPECT ST INTERLACHEN, FL 32148	
Suite, Apt. #, etc.		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>			
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2008		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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S OWEN, NANCY L PO BOX 983 INTERLACHEN, FL 32148	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CUSTEAD, ROSEMARY 334 7TH WAY INTERLACHEN, FL 32148	<input checked="" type="checkbox"/> Delete		TITLE CD NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition WALTER DAVIS P.O. BOX 1199 161 REAVES AVE INTERLACHEN, FL 32148
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD CONNER, LOUISE 124 REAVES ST INTERLACHEN, FL 32148	<input checked="" type="checkbox"/> Delete		TITLE D NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition MARY LOU DAWSON PO BOX 111 211 PROSPECT INTERLACHEN, FL 32148
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BENJAMIN, KIP 104 TEMPEST INTERLACHEN, FL 32148	<input type="checkbox"/> Delete		TITLE D NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition KATHY DONOHOO PO. BOX 963 INTERLACHEN, FL 32148
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BROWN, EMMA JEAN 219 NORMAN AVE INTERLACHEN, FL 32148	<input checked="" type="checkbox"/> Delete		TITLE D NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition VIVIAN TETZEL 520 HIMALAYAN ST. INTERLACHEN, FL 32148
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FABIAN, LOUIS 122 GINGER LANE INTERLACHEN, FL 32148	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition CHAIRMAN-DIRECTOR
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: <u>Nancy L. Owen</u> NANCY L. OWEN Church Clerk 4-10-08 386-684 2013 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					