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 #7488	0(0
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1. Entity Name THE FIRST CONGREGATIONAL CHURCH,



INTERLA	CHEN, FI	L, INC.							
CORNER OF TROPIC AVE. & WASHINGTON ST. CO. P.O. BOX 67			Mailing Address CORNER OF TROPIC AV P.O. BOX 67 INTERLACHEN, FL 321		,	#11 818#1 1102 1011 10 12 10			
2. Principal Place of Business - No P.O. Box # 4/3 WASHINGTON ST.			3. Mailing Address . P. O. Box 67						
Suite, Apt.	#, etc.		Suite, Apt. #, etc.		03032008	Chg-NP	CR2E037 (12/06)		
City & State INTERLACHEN, FL.			City & State INTERLACHEN, FL.		4. FEI Num 59-28	ber 93656	⊢	plied For at Applicable	
Zip 3214	18	U.S. A	32148	Country U.S.A	5. Certifica	te of Status Desired	See Require		
	6. Name	and Address of Current	Registered Agent		7. Name a	nd Address of New R	Registered Agent		
DAWSON.	LYNNE	~~~ ~ - ~		Name			-	ا بسب سد،	
PO BOX 111 211 PROSPECT ST			Street A	Street Address (P.O. Box Number is Not Acceptable)					
INTERLAC	CHEN, FL	32148							
				City			FL Zip Code	е	
			or the purpose of changing its	registered office or	registered agent, or b	ooth, in the State of Flo	lorida. I am familiar with,	and accept	
the obligat	tions of registe	ered agent.							
SIGNATURE	ž,								
SIGNATORE	Signature, typed	or printed name of registered agent	and title if applicable. (NOTE	: Registered Agent signate	ure required when reinstating)		DATE		
Filling Feetis \$61.25 9. Election Campai Due by May 1, 2008 Trust Fund Cont				\$5.00 May	, 56	Make check payable to			
10.		OFFICERS AND DI	EFCTORS	11.	ADDITIONS/C	HANGES TO OFFICE	ERS AND DIRECTORS IN	10	
TITLE	s		☐ Delete	TITLE			☐ Change	Addition	
NAME	OWEN, N			NAME					
STREET ADDRESS CITY-ST-ZIP	PO BOX 9	83 CHEN, FL 32148		STREET ADDRESS CITY-ST-ZIP					
TITLE	D	JIEN, FL 32140	Delete		CHARLES DI	~ e 0.50 /3	™ Change	Addition	
NAME	1 -	, ROSEMARY	Les Delete	TITLE 6: D		, 00	zz change	M Googligh	
STREET ADDRESS	· · · · · · · · · · · · · · · · · · ·			NAME	LATER TO	4vis			
CITY-ST-ZIP	334 7TH V	VAY		NAME STREET ADDRESS	NALTER DA	161 REAVES A	re		
	1	VAY CHEN, FL 32148		NAME STREET ADDRESS CITY-ST-ZIP	NALTER DA	AVIS 16/ REAVES A N, FL. 32148	sve		
TITLE	INTERLAC	CHEN, FL 32148	⊠ Delete	STREET ADDRESS CITY-ST-ZIP	WALTER DI P.B. BOX1/99 INTERLACHED DIRECTOR	161 REAVES A N, FL. 32148	Change	Addition	
NAME	CD CONNER,	LOUISE	≥ Delete	STREET ADDRESS CITY-ST-ZIP TITLE D NAME	WALTER D. P.O. BOX1/99 INTERLACHED DIKECTOR MARY LOU	16/ REAVES A N, FL. 32/48 DAW30N	Change	Addition	
	CD CONNER, 124 REAV	LOUISE	⊠ Delete	STREET ADDRESS CITY-ST-ZIP TITLE D NAME STREET ADDRESS	WALTER DO P.O. BOX1/99 INTERLACHE DIKECTOR MARY LOU POBOX III 2	16/ REAVES A N, FL. 32148 DAWSON .11 PRISPES	₹ Change	Addition	
NAME STREET ADDRESS	CD CONNER, 124 REAV	CHEN, FL 32148 LOUISE ES ST	Delete	STREET ADDRESS CITY-ST-ZIP TITLE D NAME STREET ADDRESS CITY-ST-ZIP	WALTER D. P.B. BOX/199 INTERLACHED DIRECTOR MARY LOU POBOX III 2 INTERLACHE	16/ REAVES A N, FL. 32148 DAWSON .11 PRISPES	₹ Change	Addition Addition	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	INTERLAC CD CONNER, 124 REAV INTERLAC D BENJAMII	CHEN, FL 32148 LOUISE ES ST CHEN, FL 32148 N, KIP		STREET ADDRESS CITY-ST-ZIP TITLE D NAME STREET ADDRESS CITY-ST-ZIP TITLE D NAME	WALTER DO P.O. BOX1/99 INTERLACHE DIKECTOR MARY LOU POBOX III 2	16/ REAVES AN, FL. 32/48 DAWSON .11 PRESPECTING FL. 32/4	Ed Change 17:	·	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	INTERLACE CD CONNER, 124 REAV INTERLACE D BENJAMIN 104 TEMP	CHEN, FL 32148 LOUISE ES ST CHEN, FL 32148 N, KIP EST		STREET ADDRESS CITY-ST-ZIP TITLE ID NAME STREET ADDRESS CITY-ST-ZIP TITLE ID NAME STREET ADDRESS	WALTER DI P.B. BOX/199 INTERLACHE DIRECTOR MARY LOU POBOX/111 2 INTERLACHE DIXECTOR KA+HY DOI PO. DOX 963	16/ REAVES A N, FL. 32/48 DAWSON .11 PROSPER N, FL. 32/4 NOHOO	Change	·	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	INTERLAC CD CONNER, 124 REAV INTERLAC D BENJAMII 104 TEMP INTERLAC	CHEN, FL 32148 LOUISE ES ST CHEN, FL 32148 N, KIP	☐ Delete	STREET ADDRESS CITY-ST-ZIP TITLE D NAME STREET ADDRESS CITY-ST-ZIP TITLE D NAME STREET ADDRESS CITY-ST-ZIP	WALTER D. P.B. BOX/199 INTERLACHED DIRECTOR MARY LOU POBOX III 2 INTERLACHE DIXECTOR KA+HY DOI PO. DOX 963 ENTERLACH	16/ REAVES A N, FL. 32/48 DAW3ON .11 PRBSPER N, FL. 32/4 NOHOO	Change Change	⊠ Addition	
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NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	INTERLAC CD CONNER, 124 REAV INTERLAC D BENJAMII 104 TEMP INTERLAC T BROWN, I 219 NORM	CHEN, FL 32148 LOUISE SES ST CHEN, FL 32148 N, KIP SEST CHEN, FL 32148 EMMA JEAN MAN AVE	☐ Delete	STREET ADDRESS CITY-ST-ZIP TITLE D NAME STREET ADDRESS CITY-ST-ZIP TITLE D NAME STREET ADDRESS CITY-ST-ZIP TITLE D	WALTER DO P.B. BOX1199 INTERLACHED DIRECTOR MARY LOU POBOX III 2 INTERLACHED DIRECTOR KATHY DOI PO. DOX 963 ENTERLACH DIRECTOR VIVIAN TET 520 HIMA	TAY AN ST.	Change Change	⊠ Addition	
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12. I hereby certify that the information supplied with this filling 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: Mancy L. Owen NANCY L. OWEN Church Clork	4-10-08	386.684.2013
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #