2008 NOT-FOR-PROFIT CORPORATION

FILED Mar 05, 2008 8:00 am Secretary of State 03-05-2008 90025 039 ****61.25

ANN	UAL KEPUKI	•	Secr
DOCUMENT # N0300 1. Entity Name STUART CONGREGATIONAL INC.			03-05-
Principal Place of Business 3110 S.E. ASTER LANE STUART, FL 34994	Mailing Address 3110 S.E. ASTER LANE STUART, FL 34994		
2 Principal Place of Business No. P.O. B.	ov # 3 Mailing Address)

Principal Place 3110 S.E. AS STUART, FL	TER LANE	3110	g Address D S.E. ASTER LANE ART, FL 34994											
2. Principal P	lace of Business - No P.O. Box #	3. Mai	ling Address											
Suite, Apt.	#, etc.	Su	iite, Apt. #, etc.	<u>.</u>			02 ⁻	112008	Ch	g-NP	c	R2E037	(12/06)	
City & State	9	Ci	ty & State					El Numb 20-151		7				oplied For
Zip	Country	Zi	Zip Country				5 . (Certificate	of Sta	tus Desire	ed i		8.75 Add	ditional
	6. Name and Address of Current	Registere	ed Agent				7. N	lame and	Addr	ess of Ne	w Regis	stered Ag	jent	
	APPALL SEC	•			Name			~						
HASE, RAI 3110 S.E. A STUART, I	ASTER LANE				Street A	ddress (F	P.O. B	ox Numb	er is N	ot Accept	table)			
STOAKI, I							•	·	•					
					City							FL	Zip Cod	е
	named entity submits this statement foions of registered agent.	r the purp	ose of changing its	register	ed office or	register	ed ag	ent, or bo	oth, in t	he State o	of Florida	a. I am fa	miliar with,	and accept
SIGNATURE.														
	Signature, typed or printed name of registered agent	and tibe # ap	plicable. {NOT?	: Registere	d Agent signet	ne required	when re	instating)				DATE		
Filling Fee is \$61.25 Que by May 1, 2008 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 DIF	RECTORS		11.		- /	ADDIT	IONS/CH	ANGE	S TO OFF	FICERS /	AND DIRE	CTORS IN	l 10
TITLE	D 3		Delete	ШП	E	P		D=	664			(☐ Change	Addition
NAME	MACMANNIS, KEN			NAM	_	₩.H	ALE	PE	CEA	v BL	U.V.	109-2	OI .	
STREET ADDRESS	6198 SE BLACK OAK LN			4	ET ADDRESS							, , ,		
CITY-ST-ZIP	STUART, FL 349976379			CITY	-ST-ZIP	>	TUA	<7	16	34	776			
TITLE	D COLUM DAVID		☐ Delete	IIILI								í	Change	Addition
NAME STREET ADDRESS	COLLIN, DAVID 579 NE PLANTATION RD-S306			NAM	ET ADDRESS									
CfTY-ST-ZIP	STUART, FL 34996				-ST-ZIP									
TITLE	D		☐ Delete	TITL									Change	Addition
NAME	STRACUZZI, CHARLES		□ Delicie	NAM								•	Overland	
STREET ADDRESS	3201 SE COURT DRIVE			STRE	ET ADORESS				•					
CITY-ST-ZIP	STUART, FL 34997			CITY	-ST-ZIP									
TITLE	D		☐ Delete	TITL	E								☐ Change	☐ Addition
NAME	ELLER, RAY			NAM	E									
STREET ADDRESS	770 SW BITTERN ST				ET ADDRESS									
CITY-ST-ZIP	PALM CITY, FL 349904018			CITY	-ST-ZIP									
TITLE	D		Delete	TΠL								ı	Change	Addition
NAME CYPET ADDRESS	PAUL, RICHARD			NAM										
STREET ADDRESS CITY-ST-ZIP	6925 SE HARBOR CIRCLE STUART, FL 34996				ET ADDRESS - ST- ZIP									
TITLE	D		☐ Delete	TITL									Change	Addition
NAME	HASE, RANDALL W DIR		LJ Delete	NAM									T Anguilla	Li vocuon
STREET ADDRESS	1821 SW WILLOWBEND LANE				ET ADORESS									
CITY-ST-ZIP	PALM CITY, FL 34990				- ST- 21P									
12. I berehvio	entity that the information supplied with	this filing	does not qualify to	the exe	emptions c	ontained	Lin Ch	anter 119	9 Flori	da Statute	es I furti	her certify	that the in	nformation

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: & Challo Stalusgi J. CHARLES STRACUZZI	2/29/08	772.223.559
A SIGNATURE AND PYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #