

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N10618** (9)

1. Corporation Name

LONGWOOD HILLS CONGREGATIONAL CHURCH, UCC, INC.



Principal Place of Business

Mailing Address

1255 E.E. WILLIAMSON RD
P.O. BOX 521550
LONGWOOD FL 32752-8550

1255 E.E. WILLIAMSON RD
P.O. BOX 521550
LONGWOOD FL 32752-8550

3. Date Incorporated or Qualified
08/08/1985

3a. Date of Last Report
08/04/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

4. FEI Number
59-2597930

Applied For
Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~LUCAS, STEVE W~~
1255 E. E. WILLIAMSON ROAD
LONGWOOD FL 32750

81 Name **Dolphus S Allen**
82 Street Address (P.O. Box Number is Not Acceptable)
1255 E.E. Williamson Rd.
83
84 City **Longwood** FL 85 Zip Code **32750**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0502, Florida Statutes.

SIGNATURE

Dolphus S. Allen

(NOTE: Registered Agent signature required when reappointing)

4/2/96

12. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	HANSEN, JOAN	
STREET ADDRESS	111 RED CEDAR DRIVE	
CITY-ST-ZIP	LONGWOOD FL	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	MOORE, HARRY	
STREET ADDRESS	1382 COR JESU CT	
CITY-ST-ZIP	LONGWOOD FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	VARNON, ROBERT	
STREET ADDRESS	2377 ROANOKE CT	
CITY-ST-ZIP	LAKE MARY FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	HOLLAND, ROBBIE	
STREET ADDRESS	842 WOODCREST COVE	
CITY-ST-ZIP	LONGWOOD FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	VARNON, BOB	
STREET ADDRESS	2377 ROANOKE COURT	
CITY-ST-ZIP	LAKE MARY FL 32746	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	WOODY, BILL	
STREET ADDRESS	706 POWDERHORN CIRCLE	
CITY-ST-ZIP	LAKE MARY FL 32746	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Varnon, Robert L.	
1.3 STREET ADDRESS	2377 Roanoke Court	
1.4 CITY-ST-ZIP	Lake Mary, FL 32746	
2.1 TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Susan Anson	
2.3 STREET ADDRESS	545 One Center Blvd, #204	
2.4 CITY-ST-ZIP	Altamonte Springs, FL 32701	
3.1 TITLE	T, D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Donald E. Voyles	
3.3 STREET ADDRESS	243 W. Lake Faith Drive	
3.4 CITY-ST-ZIP	Maitland, FL 32751	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Hall, James R.	
5.3 STREET ADDRESS	610 Lake Shore Drive	
5.4 CITY-ST-ZIP	Maitland, FL 32751	
6.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Fielding, Donna	
6.3 STREET ADDRESS	811 Lake Como	
6.4 CITY-ST-ZIP	Lake Mary, FL 32746	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Donald E. Voyles
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/96

407-629-2455
Daytime Phone

CR2E037 (12/95)