

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 06 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA 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

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

Mailing Address

1255 E.E. WILLIAMSON RD  
P.O. BOX 521550  
LONGWOOD FL 32752-15503. Date Incorporated or Qualified  
08/08/19853a. Date of Last Report  
05/01/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City &amp; State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City &amp; State

28 Zip

29 Country

4. FEI Number

59-2597930

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution☐ \$5.00 May Be  
Added to Fees8. 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

ALLEN, DOLPHUS J.  
1255 EE WILLIAMSON RD  
LONGWOOD FL 32750

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

## 12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	VARNON, ROBERT L.	
STREET ADDRESS	2377 ROANOKE COURT	
CITY-ST-ZIP	LAKE MARY FL	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	ANSON, SUSAN	
STREET ADDRESS	545 ONE CENTER BLVE #204	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	VOYLES, DONALD E.	
STREET ADDRESS	243 W LAKE FAITH DRIVE	
CITY-ST-ZIP	MAITLAND FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	HOLLAND, ROBBIE	
STREET ADDRESS	842 WOODCREST COVE	
CITY-ST-ZIP	LONGWOOD FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HALL, JAMES R.	
STREET ADDRESS	610 LAKE SHORE DRIVE	
CITY-ST-ZIP	MAITLAND FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FIELDING, DONNA	
STREET ADDRESS	811 LAKE COMO	
CITY-ST-ZIP	LAKE MARY FL	

## 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	V
2.3 STREET ADDRESS	Meredith Neill
2.4 CITY-ST-ZIP	3549 Pinetree Road Orlando, Fl.
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0014224

CR2E037 (9/96)