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Mar 19 1998 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip Country 29 Zip Country
24 25 29 30

3. Date Incorporated or Qualified
08/08/1985
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
7. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent
ALLEN, DOLPHUS J.
1255 EE WILLIAMSON RD
LONGWOOD FL 32750
10. Name and Address of New Registered Agent
81 Name Harold D. Youngblood
82 Street Address (P.O. Box Number is Not Acceptable) 1255 EE Williamson Road
83 Longwood, FL 32750
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 *[Signature]* 3/11/98
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS
1.1 TITLE P VARNON, ROBERT L. ☒ DELETE
1.2 NAME 2377 ROANOKE COURT
1.3 STREET ADDRESS LAKE MARY FL
1.4 CITY-ST-ZIP
2.1 TITLE V MEREDITH NEILL ☐ DELETE
2.2 NAME 3549 PINETREE RD
2.3 STREET ADDRESS ORLANDO FL
2.4 CITY-ST-ZIP
3.1 TITLE TD VOYLES, DONALD E. ☒ DELETE
3.2 NAME 243 W LAKE FAITH DRIVE
3.3 STREET ADDRESS MAITLAND FL
3.4 CITY-ST-ZIP
4.1 TITLE S HOLLAND, ROBBIE ☐ DELETE
4.2 NAME 842 WOODCREST COVE
4.3 STREET ADDRESS LONGWOOD FL
4.4 CITY-ST-ZIP
5.1 TITLE D HALL, JAMES R. ☐ DELETE
5.2 NAME 610 LAKE SHORE DRIVE
5.3 STREET ADDRESS MAITLAND FL
5.4 CITY-ST-ZIP
6.1 TITLE D FIELDING, DONNA ☐ DELETE
6.2 NAME 811 LAKE COMO
6.3 STREET ADDRESS LAKE MARY FL
6.4 CITY-ST-ZIP
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE P Mary Anne Cleveland ☒ Change ☐ Addition
1.2 NAME 39 Stonegate South
1.3 STREET ADDRESS Longwood, FL 32779
2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE TD Craig Ebaugh ☒ Change ☐ Addition
3.2 NAME 405 Lazy Acres Lane
3.3 STREET ADDRESS Longwood, FL 32750
3.4 CITY-ST-ZIP
4.1 TITLE D ☒ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE S ☒ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I 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]* 3/11/98 (407) 382-8253
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CP25037 (10/97)