

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 26, 1999 8:00 am
Secretary of State

03-26-1999 90005 017 ****61.25

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DOCUMENT # N10618

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 32752-8550



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

08/08/1985

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

59-2597930

Applied For

Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

23 Zip

Country

28 Zip

Country

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

YOUNGBLOOD, HAROLD D.
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 *Harold Youngblood*
Signature, typed or printed name of registered agent and title if applicable.

Harold Youngblood

March 18, 1999

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **P CLEVELAND, MARY ANNE**
STREET ADDRESS **39 STONEGATE SOUTH**
CITY-ST-ZIP **LONGWOOD FL 32779**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **V MEREDITH NEILL**
STREET ADDRESS **3549 PINETREE RD**
CITY-ST-ZIP **ORLANDO FL**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **TD EBAUGH, CRAIG**
STREET ADDRESS **405 LAZY ACRES LANE**
CITY-ST-ZIP **LONGWOOD FL 32750**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☒ DELETE
NAME **D HOLLAND, ROBBIE**
STREET ADDRESS **842 WOODCREST COVE**
CITY-ST-ZIP **LONGWOOD FL**

4.1 TITLE ☐ Change ☒ Addition
4.2 NAME **D Moore, Sandy**
4.3 STREET ADDRESS **1382 Cor Jesu Court**
4.4 CITY-ST-ZIP **Longwood, FL 32750**

TITLE ☐ DELETE
NAME **D HALL, JAMES R.**
STREET ADDRESS **610 LAKE SHORE DRIVE**
CITY-ST-ZIP **MAITLAND FL**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☒ DELETE
NAME **S FIELDING, DONNA**
STREET ADDRESS **811 LAKE COMO**
CITY-ST-ZIP **LAKE MARY FL**

6.1 TITLE ☐ Change ☒ Addition
6.2 NAME **S Janet McKell**
6.3 STREET ADDRESS **3581 Moss Pointe Place**
6.4 CITY-ST-ZIP **Lake Mary, FL 32746**

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, with all other like empowered.

SIGNATURE *Harold Youngblood*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 18, 1999 **332-8253**
Date Daytime Phone #

CR2F037 (11/98)