

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 20, 2004 8:00 am**  
**Secretary of State**

04-20-2004 90037 042 \*\*\*\*61.25

**DOCUMENT # N10618**

1. Entity Name

LONGWOOD HILLS CONGREGATIONAL CHURCH, UCC,  
INC.



Principal Place of Business

1255 E.E. WILLIAMSON RD  
LONGWOOD FL 32750

Mailing Address

1255 E.E. WILLIAMSON RD  
LONGWOOD FL 32750

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



MOORE

CR2E037 (11/03)

4. FEI Number

59-2597930

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

YOUNGBLOOD, HAROLD D.  
1255 EE WILLIAMSON RD  
LONGWOOD FL 32750

7. Name and Address of New Registered Agent

Name

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

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2004**

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 DIRECTORS

TITLE **P** ☐ Delete  
NAME OCONNER, MICHAEL  
STREET ADDRESS 1074 HIGH POINT LOOP  
CITY-ST-ZIP LONGWOOD FL 32750

TITLE **T** ☒ Delete  
NAME ORTH, JULIE  
STREET ADDRESS 874 LEWIS PLACE  
CITY-ST-ZIP LONGWOOD FL 32750

TITLE **S** ☒ Delete  
NAME ITURRIAGA, ROSA  
STREET ADDRESS 1700 OLIVE BAY DRIVE  
CITY-ST-ZIP LAKE MARY FL 32746

TITLE **V** ☒ Delete  
NAME WILKES, TOM  
STREET ADDRESS 5509 FOREST OAK POINT  
CITY-ST-ZIP SANFORD FL 32771

TITLE **D** ☐ Delete  
NAME GARDNER, GREG  
STREET ADDRESS 104 DES PINAR LANE  
CITY-ST-ZIP LONGWOOD FL 32750

TITLE **D** ☒ Delete  
NAME MITCHELL, HANK  
STREET ADDRESS 898 AVIARY BAY CT  
CITY-ST-ZIP LONGWOOD FL 32750

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **S** ☐ Change ☒ Addition  
NAME Holly Marcus  
STREET ADDRESS 1321 S. Ridge Lake Circle  
CITY-ST-ZIP Longwood, FL 32750

TITLE **D** ☐ Change ☒ Addition  
NAME Dean Drake  
STREET ADDRESS 234 Tollgate  
CITY-ST-ZIP Longwood FL 32750

TITLE **[Signature]** ☐ Change ☒ Addition  
NAME [Signature]  
STREET ADDRESS [Signature]  
CITY-ST-ZIP [Signature] FL 32746

TITLE **V** ☐ Change ☒ Addition  
NAME William Orth  
STREET ADDRESS 354 CHINOOK Circle  
CITY-ST-ZIP Lake Mary, FL 32746

TITLE **T** ☐ Change ☒ Addition  
NAME Deedee Olson  
STREET ADDRESS 647 Blenheim Loop  
CITY-ST-ZIP Winter Springs, FL 32708

TITLE **D** ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 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:**

*Deedee C. Olson*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-15-04

Date

Daytime Phone #