

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2006 8:00 am
Secretary of State

03-27-2006 90248 041 ****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**

4003300



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01292006 Chg-NP CR2E037 (11/05)

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

7. Name and Address of New Registered Agent

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

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

**Filing Fee is \$61.25
Due by May 1, 2006**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME **D. PECK, DOUG** ☒ Delete
STREET ADDRESS **70 SWEET BRIAR BRANCH**
CITY-ST-ZIP **LONGWOOD, FL 32750**

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

TITLE
NAME **S MANUS, HOLLY** ☐ Delete
STREET ADDRESS **1321 S RIDGE LAKE CIRCLE**
CITY-ST-ZIP **LONGWOOD, FL 32750**

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

TITLE
NAME **D DRAKE, DEAN** ☒ Delete
STREET ADDRESS **234 TOLLGATE**
CITY-ST-ZIP **LONGWOOD, FL 32750**

TITLE
NAME **D. Aaron Holland** ☒ Change ☐ Addition
STREET ADDRESS **842 Woodcrest Cove**
CITY-ST-ZIP **Longwood, FL 32750**

TITLE
NAME **V CAMPBELL, LISA** ☐ Delete
STREET ADDRESS **1600 WILLOW OAK LANE**
CITY-ST-ZIP **SANFORD, FL 32773**

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

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

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

TITLE
NAME **T OLSON, DEEDEE** ☐ Delete
STREET ADDRESS **647 BLENHEIM LOOP**
CITY-ST-ZIP **WINTER SPRINGS, FL 32708**

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Dee Dee Olson Dee Dee Olson

3/19/06

407-332-8253

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Ch# 1430
ad 223-06