

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10618

FILED
Apr 30, 2008
Secretary of State

Entity Name: LONGWOOD HILLS CONGREGATIONAL CHURCH, UCC, INC.

Current Principal Place of Business:

1255 E.E. WILLIAMSON RD
LONGWOOD, FL 32750

New Principal Place of Business:

Current Mailing Address:

1255 E.E. WILLIAMSON RD
LONGWOOD, FL 32750

New Mailing Address:

FEI Number: 59-2597930

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GARDNER, GREG
1255 EE WILLIAMSON RD
LONGWOOD, FL 32750 US

Name and Address of New Registered Agent:

DRAKE, DEAN
1255 EE WILLIAMSON RD
LONGWOOD, FL 32750 US

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.

SIGNATURE: DRAKE, DEAN

04/30/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: T () Delete
Name: HARRIS, SALLIE
Address: 38 DAWNVIEW CT
City-St-Zip: LAKE MARY, FL 32746

Title: S () Delete
Name: VARNON, JAN
Address: 2377 ROANOKE CT
City-St-Zip: LAKE MARY, FL 32746

Title: D () Delete
Name: MILLER, STACEY
Address: 382 CHINOOK CIRCLE
City-St-Zip: LAKE MARY, FL 32746

Title: V () Delete
Name: CAMPBELL, LISA
Address: 1600 WILLOW OAK LANE
City-St-Zip: SANFORD, FL 32773

Title: P () Delete
Name: GARDNER, GREG
Address: 104 DES PINAR LANE
City-St-Zip: LONGWOOD, FL 32750

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: T (X) Change () Addition
Name: DRAKE, DEAN D
Address: 234 TOLLGATE TRAIL
City-St-Zip: LONGWOOD, FL 32750

Title: S (X) Change () Addition
Name: WASHBURN, JAMES
Address: 452 TWISTING PINES CIRCLE
City-St-Zip: LONGWOOD, FL 32779

Title: D (X) Change () Addition
Name: THOMAS, KELLEY
Address: 100 POINT VIEW LANE
City-St-Zip: LONGWOOD, FL 32779

Title: V (X) Change () Addition
Name: O'CONNER, MIKE
Address: 1024 HIGH POINT LOOP
City-St-Zip: LONGWOOD, FL 32750

Title: P (X) Change () Addition
Name: CAMPBELL, LISA
Address: 1600 WILLOW OAK LANE
City-St-Zip: SANFORD, FL 32773

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DRAKE, DEAN

T

04/30/2008

Electronic Signature of Signing Officer or Director

Date