

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10618

FILED
Mar 20, 2009
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:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

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

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

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: HUSS, JOYCE
Address: 950 1ST PLACE
City-St-Zip: LONGWOOD, FL 32750

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: P (X) Change () Addition
Name: DAUPHINEE, ERIC
Address: 105 CEDARWOOD CIRCLE
City-St-Zip: LONGWOOD, FL 32750

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: DEAN D. DRAKE

T

03/20/2009

Electronic Signature of Signing Officer or Director

Date