


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 24, 2005 8:00 am**  
**Secretary of State**

03-24-2005 90049 038 \*\*\*\*61.25

<b>DOCUMENT # N17622</b> 1. Entity Name <b>CONGREGATIONAL UNITED CHURCH, UCC, INC.</b>					
Principal Place of Business 1201 AQUI ESTA DRIVE P.O BOX 510838 PUNTA GORDA, FL 33951-838 US			Mailing Address 1201 AQUI ESTA DRIVE P.O BOX 510838 PUNTA GORDA, FL 33951-838 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-2590749</b>	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>KLOSSNER, WILLIAM</b> <b>405 SCARLET SAGE</b> <b>PUNTA GORDA, FL 33950</b>			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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
		<b>Make check payable to Florida Department of State</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>CHENEY, SUSAN K</b> <b>26233 SEMINOLE LAKES BLVD.</b> <b>PUNTA GORDA, FL 33955</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>HARDEN, PHIL</b> <b>3609 BROOKLYN AVE</b> <b>PORT CHARLOTTE, FL 33952</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>BRUBAKER, EDWIN S</b> <b>2645 W MARION AVE #414</b> <b>PUNTA GORDA, FL 33950-5900</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <b>ROGERS, ALAN F</b> <b>58 TROPICANA DR</b> <b>PUNTA GORDA, FL 339505070</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>FRAZEE, HAROLD D</b> <b>4046 SAN MASSIMO DR.</b> <b>PUNTA GORDA, FL 33950</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>VIRGUE, KEN</b> <b>20 OCEAN DRIVE</b> <b>PUNTA GORDA, FL 33950-5604</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
<b>SIGNATURE: <u>Alan F Rogers</u> ALAN F ROGERS</b>			<b>3-20-05 941-637-8443</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

**50030613**



03202005 Chg-NP CR2E037 (10/03)