

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 06, 2006 8:00 am**  
**Secretary of State**

04-06-2006 90027 050 \*\*\*\*61.25

**DOCUMENT # N17622**

1. Entity Name

CONGREGATIONAL UNITED CHURCH, UCC, INC.



Principal Place of Business

1201 AQUI ESTA DRIVE  
P.O BOX 510838  
PUNTA GORDA FL 33951-838  
US

Mailing Address

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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

1st MOORE

CR2E037 (10/05)

4. FEI Number

59-2590749

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

KLOSSNER, WILLIAM  
405 SCARLET SAGE  
PUNTA GORDA FL 33950

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 re-registering)

DATE

**FILE NOW: 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 PD ☐ Delete  
NAME CHENEY, SUSAN K.  
STREET ADDRESS 26233 SEMINOLE LAKES BLVD.  
CITY-ST-ZIP PUNTA GORDA FL 33955

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

TITLE SD ☐ Delete  
NAME BRUBAKER, EDWIN S  
STREET ADDRESS 2645 W MARION AVE #414  
CITY-ST-ZIP PUNTA GORDA FL 33950-5900

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

TITLE TD ☐ Delete  
NAME ROGERS, ALAN F  
STREET ADDRESS 58 TROPICANA DR  
CITY-ST-ZIP PUNTA GORDA FL 33950-5070

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

TITLE D ☒ Delete  
NAME VIRTUE, KEN  
STREET ADDRESS 20 OCEAN DRIVE  
CITY-ST-ZIP PUNTA GORDA FL 33950-5004

TITLE ☒ Change ☐ Addition  
NAME DUPTON, MIKE  
STREET ADDRESS 329 TARPON WAY  
CITY-ST-ZIP PUNTA GORDA FL 33950

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Alan F. Rogers ALAN F. ROGERS

3-30-2006 941-575-9053