

**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 13, 2007 8:00 am**  
**Secretary of State**

04-13-2007 90177 016 \*\*\*\*61.25

**DOCUMENT # N17622**

1. Entity Name  
**CONGREGATIONAL UNITED CHURCH, UCC, INC.**



|   |   |
|---|---|
| Principal Place of Business<br>1201 AQUI ESTA DRIVE<br>P.O BOX 510838<br>PUNTA GORDA, FL 33951-838 US | Mailing Address<br>1201 AQUI ESTA DRIVE<br>P.O BOX 510838<br>PUNTA GORDA, FL 33951-838 US |
|---|---|

|  |                    |
|--|--------------------|
| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address |
|--|--------------------|

|                     |                     |
|---------------------|---------------------|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
|---------------------|---------------------|

|              |              |
|--------------|--------------|
| City & State | City & State |
|--------------|--------------|

|     |         |     |         |
|-----|---------|-----|---------|
| Zip | Country | Zip | Country |
|-----|---------|-----|---------|

40000011



03302007 Chg-NP CR2E037 (12/06)

|                                    |                               |
|------------------------------------|-------------------------------|
| 4. FEI Number<br><b>59-2590749</b> | Applied For<br>Not Applicable |
|------------------------------------|-------------------------------|

|   |                                       |
|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional Fee Required |
|---|---------------------------------------|

6. Name and Address of Current Registered Agent

**KLOSSNER, WILLIAM**  
**405 SCARLET SAGE**  
**PUNTA GORDA, FL 33950**

7. Name and Address of New Registered Agent

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

|   |  |                                    |  |
|---|--|------------------------------------|--|
| <b>Filing Fee is \$61.25 Due by May 1, 2007</b> | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | <b>\$5.00</b> May Be Added to Fees | <b>Make check payable to Florida Department of State</b> |
|---|--|------------------------------------|--|

| 10. OFFICERS AND DIRECTORS                     |  |  |
|--|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>CHENEY, SUSAN K<br>26233 SEMINOLE LAKES BLVD.<br>PUNTA GORDA, FL 33955   | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | SD<br>BRUBAKER, EDWIN S<br>2645 W MARION AVE #414<br>PUNTA GORDA, FL 339505900 | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | TD<br>ROGERS, ALAN F<br>58 TROPICANA DR<br>PUNTA GORDA, FL 339505070           | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>UPTON, MIKE<br>329 TARPON WAY<br>PUNTA GORDA, FL 33950                    | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Delete            |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |  |  |
|---|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | PD<br>PIOTROWSKI, SUSAN H<br>1205 BOBWHITE CT<br>PUNTA GORDA, FL 33950     | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | D<br>CHENEY, SUSAN K<br>26233 SEMINOLE LAKES BLVD<br>PUNTA GORDA, FL 33955 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>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 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: X Susan H. Piotrowski 4/11/07  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #