2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N17622

FILED Feb 12, 2008 Secretary of State

Entity Name: CONGREGATIONAL UNITED CHURCH, UCC, INC.

New Principal Place of Business: Current Principal Place of Business: 1201 AQUI ESTA DRIVE P.O BOX 510838 PUNTA GORDA, FL 33951838 US **Current Mailing Address: New Mailing Address:** 1201 AQUI ESTA DRIVE P.O BOX 510838 PUNTA GORDA, FL 33951838 US FEI Number: 59-2590749 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: KLOSSNER, WILLIAM 405 SCARLÉT SAGE PUNTA GORDA, FL 33950 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition PIOTROWSKI, SUSAN H Name: Name: 1205 BOBWHITE CT Address: Address: City-St-Zip: PUNTA GORDA, FL 33950 City-St-Zip: Title: SD () Delete Title: () Change () Addition BRUBAKER, EDWIN S Name: Name: Address: 2645 W MARION AVE #414 Address: City-St-Zip: PUNTA GORDA, FL 339505900 City-St-Zip: Title: () Delete Title: (X) Change () Addition ROGERS, ALAN F Name: NAYLOR, ROBERT C Name: 58 TROPICANA DR 2222 CALLE BONITA LA Address: Address: City-St-Zip: PUNTA GORDA, FL 339505070 City-St-Zip: PUNTA GORDA, FL 339821617 Title: () Delete Title: () Change () Addition Name: CHENEY, SUSAN K Name: 26233 SEMINOLE LAKES BLVD Address: Address: City-St-Zip: PUNTA GORDA, FL 33955 City-St-Zip:

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: ROBERT C. NAYLOR TD 02/12/2008