## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N19958

FILED May 02, 2007 Secretary of State

Entity Name: THE FIRST CONGREGATIONAL UNITED CHURCH OF CHRIST OF LAKE HELEN, INC.

Current F	Principal Place of Business:	New Principal Place of Business:
	ICLID AVENUE LEN, FL 32744	
Current N	Nailing Address:	New Mailing Address:
	ICLID AVENUE LEN, FL 32744	
n accordar	r: 59-6195447 FEI Number Applied For() nce with s. 607.193(2)(b), F.S., the corporation did d Address of Current Registered Agent:	FEI Number Not Applicable ( ) Certificate of Status Desired ( ) I not receive the prior notice.  Name and Address of New Registered Agent:
vaille all	a Address of Current Registered Agent.	Name and Address of New Registered Agent.
	CHAPELL RESS CIRCLE LEN, FL 32744 US	
	e named entity submits this statement for th e of Florida.	e purpose of changing its registered office or registered agent, or both
SIGNATU	RE:	
	Clastronia Cianatura of Degistered	Vacant Data
	Electronic Signature of Registered	Agent Date
OFFICER	S AND DIRECTORS:	ADDITIONS/CHANGES TO OFFICERS AND DIRECTO
OFFICER itle: lame: .ddress: city-St-Zip:		
itle: lame: .ddress:	S AND DIRECTORS:  D () Delete HUGHES, MICHAEL 386 NORTH LAKEVIEW DRIVE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR  Title: ( ) Change ( ) Addition Name: Address:
ritle: lame: .ddress: .city-St-Zip: ritle: lame: .ddress:	D () Delete HUGHES, MICHAEL 386 NORTH LAKEVIEW DRIVE LAKE HELEN, FL 32744  D () Delete DAVIS, JAMES 2607 S. WOODLAND BLVD-PMB 170	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR  Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:  Title: ( ) Change ( ) Addition Name: Address:
itle: lame: .ddress: city-St-Zip: itle: lame: .ddress: city-St-Zip: itle: lame: .ddress:	D () Delete HUGHES, MICHAEL 386 NORTH LAKEVIEW DRIVE LAKE HELEN, FL 32744  D () Delete DAVIS, JAMES 2607 S. WOODLAND BLVD-PMB 170 DELAND, FL 32720  D () Delete LONG, LEWIS C III 176 NORTH EXCLID AVENUE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR  Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:  Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:  Title: ( ) Change ( ) Addition Name: Address: 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: LEWIS C. LONG, III D 05/02/2007