

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 04, 2008 8:00 am
Secretary of State

02-04-2008 90037 008 ****61.25

DOCUMENT # N19958

1. Entity Name

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



Principal Place of Business

107 S. EUCLID AVENUE
LAKE HELEN FL 32744

Mailing Address

107 S. EUCLID AVENUE
LAKE HELEN FL 32744



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

1st MOORE

CR2E037 (10/07)

4. FEI Number

59-6195447

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

PEAKE, CHAPPELL
132 CYPRESS CIRCLE
LAKE HELEN FL 32744

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

Chapell Peake Clerk of the Session

Chapell Peake

01-27-08

FILE NOW: FEE IS \$61.25
Due By May 1, 2008

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

TITLE: D ☐ Delete
NAME: HUGHES, MICHAEL
STREET ADDRESS: 386 NORTH LAKEVIEW DRIVE
CITY-ST-ZIP: LAKE HELEN FL 32744

TITLE: D ☐ Delete
NAME: DAVIS, JAMES
STREET ADDRESS: 2607 S. WOODLAND BLVD-PMB 170
CITY-ST-ZIP: DELAND FL 32720

TITLE: D ☐ Delete
NAME: LONG, LEWIS C III
STREET ADDRESS: 176 NORTH EXCLID AVENUE
CITY-ST-ZIP: LAKE HELEN FL 32744

TITLE: P ☒ Delete
NAME: BARNES, GRACE
STREET ADDRESS: 106 SYCAMORE LN
CITY-ST-ZIP: LAKE HELEN FL 32744

TITLE: T ☐ Delete
NAME: OREUTT, WILLIAM
STREET ADDRESS: 564 BELLTOWER AVENUE
CITY-ST-ZIP: DELTONA FL 32725

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

TITLE: P ☒ Change ☐ Addition
NAME: Caryn Long
STREET ADDRESS: 176 N. Euclid Ave.
CITY-ST-ZIP: Lake Helen, FL 32744

TITLE: ☐ Change ☐ Addition
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:

Chapell Peake Chapell Peake

01-27-08

386-228-0191