

**2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 748800

**Entity Name:** THE FIRST CONGREGATIONAL CHURCH, INTERLACHEN, FL, INC.**FILED**  
**Apr 24, 2025**  
**Secretary of State**  
**2506289858CC****Current Principal Place of Business:**415 E. WASHINGTON ST  
INTERLACHEN, FL 32148**Current Mailing Address:**PO BOX 415  
INTERLACHEN, FL 32148 US**FEI Number: 59-2893656****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**DAWSON, LYNN E  
211 PROSPECT STREET  
P.O.BOX 111  
INTERLACHEN, FL 32148 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: LYNN E. DAWSON****04/24/2025**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

|                 |                      |
|-----------------|----------------------|
| Title           | CHAIRMAN             |
| Name            | FABIAN, LOUIS JR.    |
| Address         | 122 GINGER LANE      |
| City-State-Zip: | INTERLACHEN FL 32148 |

|                 |                      |
|-----------------|----------------------|
| Title           | CFO                  |
| Name            | RUSSELL, NORMA J     |
| Address         | 155 ISTANBUL STREET  |
| City-State-Zip: | INTERLACHEN FL 32148 |

|                 |                      |
|-----------------|----------------------|
| Title           | TREASURER            |
| Name            | FABIAN, LOUIS JR.    |
| Address         | 122 GINGER LANE      |
| City-State-Zip: | INTERLACHEN FL 32148 |

|                 |                      |
|-----------------|----------------------|
| Title           | DIRECTOR             |
| Name            | MYERS, JAMES         |
| Address         | 502 BOUNDARY ROAD    |
| City-State-Zip: | INTERLACHEN FL 32148 |

|                 |                      |
|-----------------|----------------------|
| Title           | DIRECTOR             |
| Name            | MYERS, KAREN LANIER  |
| Address         | 502 BOUNDARY ROAD    |
| City-State-Zip: | INTERLACHEN FL 32148 |

|                 |                              |
|-----------------|------------------------------|
| Title           | DIRECTOR                     |
| Name            | DONOHOO, KATHLEEN            |
| Address         | 123 PARK STREET<br>P.BOX 965 |
| City-State-Zip: | INTERLACHEN FL 32148         |

|                 |                      |
|-----------------|----------------------|
| Title           | DIRECTOR             |
| Name            | FOSTER, CONSTANCE    |
| Address         | 164 POPLAR DR.       |
| City-State-Zip: | INTERLACHEN FL 32148 |

*I hereby 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 all other like empowered.*

**SIGNATURE: NORMA JEAN RUSSELL****FINANCIAL OFFICER****04/24/2025**

Electronic Signature of Signing Officer/Director Detail

Date