FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 706154

1. Corporation Name

FIRST CHRISTIAN CHURCH (DISCIPLES OF CHRIST), IN C., OF LEHIGH ACRES, FLORIDA

Princ	ıpaı ı	race	or	Busi	nes
2000		DI VO			

Mailing Address

2803 LEE BLVD. LEHIGH ACRES FL 33971 P.O. BOX 427

LEHIGH ACRES FL 33970-0427

FILED Mar 04, 1999 8:00 am § Secretary of State

03-04-1999 90229 040 ****61.25

2. Principal P	ace of Business 2a. Mailing Address			Date Incorporated or Qualifed				
21		26			09/13/1963	<u>.</u>		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			4. FEI Number	Applied For		
22		27			<u>59-1711730</u>	Not Applicable		
City & Stat	e	City & State			5. Certificate of Status Desired	\$8.75 Additional		
23		28			5. Certificate of Status Desireo	Fee Required		
Zip	Country	Zip	Countr	у	6. Election Campaign Financing	\$5.00 May Be		
4	25	29	30		Trust Fund Contribution	Added to Fees		
	9. Name and Address of Current	t Registered Agent			10. Name and Address of New Registered A	gent		
			8	l Name		•		
CADDETT	, NANCY L		8:	2 Street Ad	dress (P.O. Box Number is Not Acceptable)			
	SEVELT AVE.		0.	Z SUBBLAU	diess (F.O. Box (varioer is Not Acceptable)	·		
	CRES FL 33972		8:	3				
LERIGH A	UNES FL 339/2							
			84	4 City	FL	85 Zip Code		
44 Dimensional	to the provisions of Sections 617 0503	2 and 617 1509 Florida Statute	e the abov	ve-named col	moration submits this statement for the purpose of o	:hanging its registered		
-46	enistered agent or both in the State C	of Elorida. Such chande was at	uthorized b	v the comora	ition's board of directors. I hereby accept the appoin	tment as registered		
agent. I a	m familiar with, and accept the obligati	tions of, Section 617.0503, Flor	rida Statute	S.				
SIGNATURE	I Janeist	Tarrett			d = 1	12-99		
<u> </u>	Signature, typed or printed name of registered agent		Registered Ag	ent signature requ	ired when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 12		
12.	OFFICERS AND	D DIRECTORS DELETE	1.1 TITLE		PDT	Change Addition		
TITLE	PD	M Derete			CARRETT GARL	M curation		
NAME	BUTLER, MARK		1.2 NAME		GARRETTI GARL			
STREET ADDRESS	210 MAPLE AVE N		1.3 STRE	ET ADDRESS	and the second	1 2		
CITY-ST-ZIP	LEHIGH ACRES FL 33936		1.4 CITY-	ST-ZIP	LEHIGH ACRES FL3397	<u> </u>		
TITLE	VM	☐ DELETE	2.1 TITLE			☐ Change ☐ Addition		
NAME	GARRETT, EARL		2.2 NAME		ALSIP, CHESTER 116 SEFFERSON AV			
STREET ADDRESS	ALT BOOKER FLT NE		2.3 STRE	ET ADORESS .	116 ABFFERSON AV	000		
CITY-ST-ZIP	LEHIGH ACRES FL 33972		2.4 CITY	ST-ZIP	LEHIGH ACRES, FL 33	412		
TITLE	SD	☐ DELETE	3.1 TITLE			☐ Change ☐ Addition		
NAME	REHM, MARY E		3.2 NAME	:	•			
STREET ADDRESS	*** FIRESIDE COLUMN		3.3 STRE	ET ADDRESS				
	LEHIGH ACRES FL 33972		34, CITY	ST-7IP				
CITY-ST-ZIP	TD	□ DELETE	4.1 TITLE			☐ Change ☐ Addition		
	GARRETT, NANCY L		4. 2 NAM					
NAME				ET ADDRÉSS				
STREET ADDRESS	= /,		. I					
CITY-ST-ZIP	LEHIGH ACRES FL 33972	☐ DELETE	4.4 CITY- 5.1 TITLE	-	TR .	Change X Addition		
TITLE		€ Derese	5.1 IIILE 5.2 NAME		STRUNK, ROY			
NAME					STRUNK, ROY 10483 BEACON SQUARE C	IRCLE		
STREET ADDRESS								
CITY-ST-ZIP			5.4 CITY-	ST-ZIP	LEHIGH ACRES FL 33	7 <i>36</i> ☐ Change S Addition		
TITLE		☐ DELETE	6.1 TITLE		T R	☐ Change Addition		
NAME			6.2 NAME	: C	OSSETT, MARVIN	مسر <u>سا</u>		
STREET ADDRESS	·		6.3 STRE		10083 LAKE VISTACIRC			
CITY OT 710	}		6.4 CITY-	ST-ZIP 2	EHIGH ACRES, EL 33	736		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-12-99

CR2E037 (11/98