

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 706154

1. Entity Name

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

Principal Place of Business

Mailing Address

2803 LEE BLVD.
LEHIGH ACRES FL 33971
US

P.O. BOX 427
LEHIGH ACRES FL 33970-0427

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1711730

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

GARRETT, NANCY L
217 ROOSEVELT AVE.
LEHIGH ACRES FL 33972

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
NAME P
STREET ADDRESS PAGE, M B
CITY-ST-ZIP 4221 4TH STREET WEST
LEHIGH ACRES FL 33971

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

TITLE ☐ Delete
NAME VD
STREET ADDRESS GARRETT, EARL
CITY-ST-ZIP 217 ROOSEVELT AVE
LEHIGH ACRES FL 33972

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

TITLE ☐ Delete
NAME S
STREET ADDRESS MARIK, JANET
CITY-ST-ZIP 10438 LAKEPORT CT
LEHIGH ACRES FL 33936

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

TITLE ☐ Delete
NAME TD
STREET ADDRESS GARRETT, NANCY L
CITY-ST-ZIP 217 ROOSEVELT AVE.
LEHIGH ACRES FL 33972

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

TITLE ☐ Delete
NAME T
STREET ADDRESS BUTLER, MARK
CITY-ST-ZIP 210 N MAPLE AVE
LEHIGH ACRES FL 33972

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

TITLE ☐ Delete
NAME TR
STREET ADDRESS ALSIP, CHESTER
CITY-ST-ZIP 116 JEFFERSON AVE
LEHIGH ACRES FL 33972

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 exemption stated in Section 119.07(3)(i), 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:

Nancy L Garrett
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Apr 11, 2002 8:00 am
Secretary of State

04-11-2002 90670 001 ****61.25



DO NOT WRITE IN THIS SPACE

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