


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 11, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # 706154**  
 1. Entity Name  
**FIRST CHRISTIAN CHURCH (DISCIPLES OF CHRIST), INC., OF LEHIGH ACRES, FLORIDA**



Principal Place of Business      Mailing Address  
**2803 LEE BLVD.**      **P.O. BOX 427**  
**LEHIGH ACRES FL 33971**      **LEHIGH ACRES FL 33970-0427**  
**US**



2. Principal Place of Business      3. Mailing Address  
 Suite, Apt #, etc.      Suite, Apt #, etc.

City & State      City & State

Zip      Country      Zip      Country

1st MOORE      CR2E037 (10/04)  
 4. FEI Number      Applied For  
**59-1711730**      Not Applicable

5. Certificate of Status Desired      \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
**REYNOLDS, A B JR**  
**801 W LEELAND HGTS BLVD**  
**LEHIGH ACRES FL 33936**

7. Name and Address of New Registered Agent  
 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      DATE  
Signature, typed or printed name of registered agent and title if applicable      (NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2005**

9. Election Campaign Financing      \$5.00 May Be Added to Fees  
 Trust Fund Contribution.     

**Make Check Payable to Florida Department of State**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>WEISER, NANCY</b>	
STREET ADDRESS	<b>108 IDAHO</b>	
CITY-ST-ZIP	<b>LEHIGH ACRES FL 33936</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> Delete
NAME	<b>MARIK, WALTER</b>	
STREET ADDRESS	<b>10438 LAKEPORT CT</b>	
CITY-ST-ZIP	<b>LEHIGH ACRES FL 33936</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>MARIK, JANET</b>	
STREET ADDRESS	<b>10438 LAKEPORT CT</b>	
CITY-ST-ZIP	<b>LEHIGH ACRES FL 33936</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>REYNOLDS, A B JR</b>	
STREET ADDRESS	<b>801 W LEELAND HGTS BLVD</b>	
CITY-ST-ZIP	<b>LEHIGH ACRES FL 33936</b>	
TITLE	<b>I</b>	<input type="checkbox"/> Delete
NAME	<b>BUTLER, MARK</b>	
STREET ADDRESS	<b>210 N MAPLE AVE</b>	
CITY-ST-ZIP	<b>LEHIGH ACRES FL 33972</b>	
TITLE	<b>TR</b>	<input type="checkbox"/> Delete
NAME	<b>ALSIP, CHESTER</b>	
STREET ADDRESS	<b>116 JEFFERSON AVE</b>	
CITY-ST-ZIP	<b>LEHIGH ACRES FL 33972</b>	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>UDDDD0299141</b>	
CITY-ST-ZIP	<b>04/11/05-80096-016 61.25</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:** *A B Reynolds*      **4/6/05 239-369-5187**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #