

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 22, 2000 8:00 am**  
**Secretary of State**

01-22-2000 90055 006 \*\*\*\*70.00

**DOCUMENT # 729858**  
 1. Entity Name  
**THE ASSOCIATION OF INDEPENDENT CHRISTIAN CHURCHE**

Principal Place of Business <b>1761 ROYAL PALM AVENUE, SUITE 8 POST OFFICE BOX 147 FORT MYERS FL 33902</b>	Mailing Address <b>P.O. BOX 147 FORT MYERS FL 33902-0147</b>
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DO NOT WRITE IN THIS SPACE

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 <b>23-7382156</b>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <b>XXX</b>	<b>\$8.75 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**  
**HEIL, JOHN JAMES, REV., S.G.S.**  
**1761 ROYAL PALM AVENUE, SUITE #8**  
**FORT MYERS FL 33901**

**7. Name and Address of New Registered Agent**

Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	<b>FL</b> 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

<b>FILE NOW: FEE IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Department of State</b>
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**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD THIBODEAU, KENNETH BOYD R REV 2840 GRAND AVENUE, STE 209 FORT MYERS FL 33901-6155</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD FOWLER, THOMAS JAMES R REV 2840 GRAND AVENUE, STE 209 FORT MYERS FL 33901-6155</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD EVEREST, GENE NANCY 2840 GRAND AVENUE, STE 209 FORT MYERS FL 33901-6155</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S RIDDLE, LESIA MARY 2840 GRAND AVENUE, STE 209 FORT MYERS FL 33901-6155</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S MILLER, EDNA ANN 2840 GRAND AVENUE, STE 209 FORT MYERS FL 33901-6155</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD PALMER, III, GEORGE DAVID REV 2840 GRAND AVENUE, STE 209 FORT MYERS FL 33901-6155</b>	<input type="checkbox"/> Delete

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD THIBODEAU, KENNETH BOYD DR. SAME AS TYPED " " " " "</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD FOWLER, THOMAS JAMES DR. SAME AS TYPED " " " " "</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:** SIGNATURE ASQUIFIED, SD **15 JAN 2000** (941) 418-0939

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)