

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 15, 2002 8:00 am
Secretary of State

01-15-2002 90084 047 *****70.00

UBR3371

DOCUMENT # 729858

1. Entity Name

THE ASSOCIATION OF INDEPENDENT CHRISTIAN CHURCHES AND CHRISTIAN COMMUNITY COLLEGE, INCORPORATED

Principal Place of Business

Mailing Address

**1761 ROYAL PALM AVENUE, SUITE 8
 POST OFFICE BOX 147
 FORT MYERS FL 33902**

**P.O. BOX 147
 FORT MYERS FL 33902-0147**

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

23-7382156

Applied For

Not Applicable

5. Certificate of Status Desired

XXX

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HEIL, JOHN JAMES, REV., S.G.S.
 1761 ROYAL PALM AVENUE, SUITE #8
 FORT MYERS FL 33901**

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 _____ 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

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

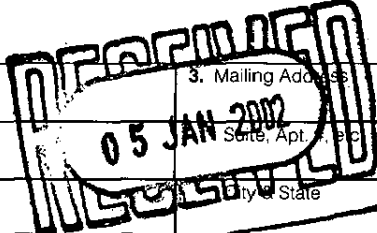
10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	NAME	TITLE	NAME
PD	THIBODEAU, KENNETH BOYD R REV 2840 GRAND AVENUE, STE 209 FORT MYERS FL 33901-6155	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
VD	FOWLER, THOMAS JAMES R REV 2840 GRAND AVENUE, STE 209 FORT MYERS FL 33901-6155	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
SD	EVEREST, GENE NANCY 2840 GRAND AVENUE, STE 209 FORT MYERS FL 33901-6155	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
S	RIDDLE, LESIA MARY 2840 GRAND AVENUE, STE 209 FORT MYERS FL 33901-6155	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
S	MILLER, EDNA ANN 2840 GRAND AVENUE, STE 209 FORT MYERS FL 33901-6155	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TD	PALMER, III, GEORGE DAVID REV 2840 GRAND AVENUE, STE 209 FORT MYERS FL 33901-6155	<input type="checkbox"/> Delete	<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: **GENE N EVEREST** **08 JAN 2002 (941) 418-0939**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)