


# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 08, 2003 8:00 am**  
**Secretary of State**

01-08-2003 90028 036 \*\*\*\*70.00

**DOCUMENT # 729858**

1. Entity Name  
**THE ASSOCIATION OF INDEPENDENT CHRISTIAN CHURCHES AND CHRISTIAN COMMUNITY COLLEGE, INCORPORATED**



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

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



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

Zip Country

4. FEI Number **23-7382156** Applied For  Not Applicable

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

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 **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**

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

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

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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: **SR. GENE NANCY EVEREST, III, S.G.S.**

**03 JAN 2003 (239) 418-0939**

CR2E037 (10/02)