

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 735549

1. Entity Name

THE FIRST CHRISTIAN CHURCH OF FORT MYERS, FLORID

FILED
Feb 24, 2000 8:00 am
Secretary of State

02-24-2000 90040 042 ****70.00

| | |
|---|--|
| Principal Place of Business | Mailing Address |
| 2061 MCGREGOR BLVD FORT MYERS FL 33901 | 2061 MCGREGOR BLVD FORT MYERS FL 33901-3416 |



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 |

| | |
|-------------------------------------|-------------------------|
| 4. FEI Number | Applied For |
| 59-0806972 | Not Applicable |
| 5. Certificate of Status Desired | Additional Fee Required |
| <input checked="" type="checkbox"/> | \$8.75 |

6. Name and Address of Current Registered Agent

COX, GARY E
 2025 GRAY CT
 N. FT. MYERS FL 33903

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.

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. <input type="checkbox"/> | \$5.00 May Be Added to Fees | Make Check Payable to Department of State |
|-------------------------------------|--|------------------------------------|--|

10. OFFICERS AND DIRECTORS

| | | |
|----------------|--------------------|--|
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | COX, GARY E | |
| STREET ADDRESS | 2025 GRAY CT | |
| CITY-ST-ZIP | N. FT. MYERS FL | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | BOWEN, CLIFF J | |
| STREET ADDRESS | 3859 HIDDEN ACRES | |
| CITY-ST-ZIP | N. FT. MYERS FL | |
| TITLE | T | <input type="checkbox"/> Delete |
| NAME | PEWETT, HOUSTON | |
| STREET ADDRESS | 6910 MAGNOLIA LN | |
| CITY-ST-ZIP | FT. MYERS FL 33912 | |
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | WEBB, MARK | |
| STREET ADDRESS | 15 BAYWOOD CT. | |
| CITY-ST-ZIP | FT. MYERS FL | |
| TITLE | DC | <input type="checkbox"/> Delete |
| NAME | LINDVAL, JOHN | |
| STREET ADDRESS | 3757 DELEON STREET | |
| CITY-ST-ZIP | FT MYERS FL | |
| TITLE | V | <input type="checkbox"/> Delete |
| NAME | YOCHUM, KEVIN | |
| STREET ADDRESS | 6261 BUCKINGHAM RD | |
| CITY-ST-ZIP | FT MYERS FL 33905 | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|----------------------|--|
| 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 | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Daniel Royal, III | |
| STREET ADDRESS | 3235 Avocado Drive | |
| CITY-ST-ZIP | Fort Myers, FL 33901 | |
| 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: *John Lindval* **SIGNATURE REQUIRED** 2/6/00 941-691-2079
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)