2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# 735549

FILED May 01, 2002 8:00 AM Secretary of State

Entity Name: THE FIRST CHRISTIAN CHURCH OF FORT MYERS, FLORIDA, INC.

Current Pr	incipal Place	of Business:	New Princ	New Principal Place of Business:	
	REGOR BLVD RS, FL 33901				
Current Ma	ailing Addres	s:	New Mailir	New Mailing Address:	
	REGOR BLVD RS, FL 33901				
FEI Number:	59-0806972	FEI Number Applied For()	FEI Number Not Appli	icable () Certificate of Status Desired ()	
Name and	Address of C	urrent Registered Agent:	Name and	Address of New Registered Agent:	
COX, GAR` 2025 GRAY N. FT. MYE		3 US			
The above in the State		ubmits this statement for the p	urpose of changing it	s registered office or registered agent, or both,	
SIGNATURE:				Dete	
Electronic Signature of Registered Agent OFFICERS AND DIRECTORS:				Date ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title:	D ()	Delete	Title:	() Change () Addition	
Name: Address: City-St-Zip:	COX, GARY E 2025 GRAY CT N. FT. MYERS,	FL	Name: Address: City-St-Zip:		
Title: Name: Address: City-St-Zip:	VC () ROMEIS, GORE 1521 COCONUT FORT MYERS,	DRIVE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	T () SHEARN, JOE 1818 SE 20TH S CAPE CORAL, F		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () ROYAL, DANIEL 3235 AVOCADO FORT MYERS,	DR	Title: Name: Address: City-St-Zip:	D (X) Change () Addition BOWEN, CLIFF 3403 SE 1ST AVENUE CAPE CORAL, FL 33904	
Title: Name: Address: City-St-Zip:	DC () LINDVAL, JOHN 3757 DELEON S FT MYERS, FL		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	S () LODWIG, RUSS 918 DEAN WAY FORT MYERS,		Title: Name: Address: City-St-Zip:	S (X) Change () Addition LADWIG, RUSS 918 DEAN WAY FORT MYERS, FL 33919	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOE SHEARN T 05/01/2002