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DIVISION OF CORPORATIONS  
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CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morton  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **N07044** (3)

1. Corporation Name  
**COMMUNITY CONGREGATIONAL UNITED CHURCH OF CHRIST, INC.**

Principal Place of Business Mailing Address  
C/O CHARLES M. LEWIS, PASTOR  
15300 TAMiami TRAIL NORTH  
NAPLES FL 33963

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **01/10/1985** 3a. Date of Last Report **04/06/1994**  
4. FBI Number **59-2520944** Applied For Not Applicable  
5. Certificate of Status Desired  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees  
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  \$68.75 Supplemental Fee Not Required  
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
21 Suits, Apt. #, etc. 26 Suits, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 28 Zip Country 29 Zip Country 30

9. Name and Address of Current Registered Agent  
**BATCHELOR, DAN E.**  
**27365 OLD 41 ROAD SE**  
**PO BOX 1899**  
**BONITA SPRINGS FL 33923**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS |                                 |
|----------------------------|---------------------------------|
| TITLE                      | DVAT                            |
| NAME                       | STONE, JANE                     |
| STREET ADDRESS             | 7515 PELICAN BAY BLVD           |
| CITY-ST-ZIP                | NAPLES FL                       |
| TITLE                      | DAT                             |
| NAME                       | MOSER, EDWARD                   |
| STREET ADDRESS             | 26930 WEDGEWOOD DRIVE, D306-1   |
| CITY-ST-ZIP                | BONITA SPRINGS FL <b>DELETE</b> |
| TITLE                      | DPAT                            |
| NAME                       | PLOWMAN, RICHARD                |
| STREET ADDRESS             | 27801 RIVERWALK WAY             |
| CITY-ST-ZIP                | BONITA SPR FL <b>DELETE</b>     |
| TITLE                      | DT                              |
| NAME                       | ZWICK, JOE                      |
| STREET ADDRESS             | 25623 PARADISE ROAD S.E.        |
| CITY-ST-ZIP                | BONITA SPRINGS FL               |
| TITLE                      | DS                              |
| NAME                       | MITZEL, ROBERT                  |
| STREET ADDRESS             | 3 BLUEBILL AVENUE, 504          |
| CITY-ST-ZIP                | NAPLES FL                       |
| TITLE                      | AT                              |
| NAME                       | HUSEMAN, JAMES                  |
| STREET ADDRESS             | 1991 IMPERIAL GLF CRS BL        |
| CITY-ST-ZIP                | NAPLES FL <b>DELETE</b>         |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |
|---|--|
| 1.1 TITLE   | DAT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME  | STONE, JANE  |
| 1.3 STREET ADDRESS                                    |  |
| 1.4 CITY-ST-ZIP                                       |  |
| 2.1 TITLE   | DP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition  |
| 2.2 NAME  | VAN SCOY, MILDRED  |
| 2.3 STREET ADDRESS                                    | 27853 Kings Kew  |
| 2.4 CITY-ST-ZIP                                       | Bonita Springs FL 33923  |
| 3.1 TITLE   | DS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition  |
| 3.2 NAME  | MARSZALKOWSKI, LINDA   |
| 3.3 STREET ADDRESS                                    | 4651 Gulfshore Blvd N # 1504   |
| 3.4 CITY-ST-ZIP                                       | Naples FL 33940  |
| 4.1 TITLE   | DAT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 4.2 NAME  | DEAVERS, DOUG  |
| 4.3 STREET ADDRESS                                    | 1823 Princess Court  |
| 4.4 CITY-ST-ZIP                                       | Naples FL 33942  |
| 5.1 TITLE   | DV <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition  |
| 5.2 NAME  | MITZEL, ROBERT   |
| 5.3 STREET ADDRESS                                    |  |
| 5.4 CITY-ST-ZIP                                       |  |
| 6.1 TITLE   | DAT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 6.2 NAME  | PAGE, C. DANIEL  |
| 6.3 STREET ADDRESS                                    | 6722 Trail Blvd  |
| 6.4 CITY-ST-ZIP                                       | Naples FL 33963  |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(A), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Joseph M. Zwick Joseph M. Zwick, Treasurer 3/15/95 813-597-1000