

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N07044 (3)

1. Corporation Name

COMMUNITY CONGREGATIONAL UNITED CHURCH OF CHRIST, INC.



Principal Place of Business: **C/O CHARLES M. LEWIS. PASTOR
15300 TAMiami TRAIL NORTH
NAPLES FL 33963**

Mailing Address: **C/O CHARLES M. LEWIS. PASTOR
15300 TAMiami TRAIL NORTH
NAPLES FL 33963**

3. Date Incorporated or Qualified: **01/10/1985**
3a. Date of Last Report: **03/22/1995**

21	2. Principal Place of Business	26	2a. Mailing Address	4.	FEI Number 59-2520944	Applied For	<input type="checkbox"/>
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.	5.	Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
23	City & State	28	City & State	6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Zip	29	Zip	8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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)	4171 Bonita Beach Road
83		
84	City	FL
85	Zip Code	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DAT <input checked="" type="checkbox"/> DELETE	1.1 TITLE	DV <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STONE, JANE	1.2 NAME	Maynard Taber
STREET ADDRESS	7515 PELICAN BAY BLVD	1.3 STREET ADDRESS	320 Horsecreek Dr. # 105
CITY-ST-ZIP	NAPLES FL	1.4 CITY-ST-ZIP	Naples FL 33963
TITLE	DP <input type="checkbox"/> DELETE	2.1 TITLE	VanScoy, Mildred <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAN SCOY, MILDRED	2.2 NAME	
STREET ADDRESS	27853 KINGS KEW	2.3 STREET ADDRESS	
CITY-ST-ZIP	BONITA SPRINGS FL	2.4 CITY-ST-ZIP	
TITLE	DS <input checked="" type="checkbox"/> DELETE	3.1 TITLE	DS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARSZALKOWSKI, LINDA	3.2 NAME	W. Jeffrey Cecil
STREET ADDRESS	4651 GULF SHORE BLVD N #1504	3.3 STREET ADDRESS	1984 Mission Drive
CITY-ST-ZIP	NAPLES FL	3.4 CITY-ST-ZIP	Naples FL 33942
TITLE	DT <input type="checkbox"/> DELETE	4.1 TITLE	DAT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ZWICK, JOE	4.2 NAME	John Holm
STREET ADDRESS	25623 PARADISE ROAD S.E.	4.3 STREET ADDRESS	4178 Jace Court
CITY-ST-ZIP	BONITA SPRINGS FL	4.4 CITY-ST-ZIP	Esterio FL 33928
TITLE	DV <input checked="" type="checkbox"/> DELETE	5.1 TITLE	DAT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MITZEL, ROBERT	5.2 NAME	Doug Deavers
STREET ADDRESS	3 BLUEBILL AVENUE, 504	5.3 STREET ADDRESS	1823 Princess Court
CITY-ST-ZIP	NAPLES FL	5.4 CITY-ST-ZIP	Naples FL 33942
TITLE	DAT <input checked="" type="checkbox"/> DELETE	6.1 TITLE	DAT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DANIEL, PAGE C	6.2 NAME	Alice Moser
STREET ADDRESS	6722 TRAIL BLVD	6.3 STREET ADDRESS	26930 Wedgewood Dr # 306-1
CITY-ST-ZIP	NAPLES FL	6.4 CITY-ST-ZIP	Bonita Springs FL 33923

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)(k), 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** 3/1/96 941-597-1000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)