

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 24 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		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 34110-6239
--	---

3. Date Incorporated or Qualified 01/10/1985	3a. Date of Last Report 03/26/1996
--	--

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

4. FEI Number 59-2520944	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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.
4171 BONITA BEACH ROAD
PO BOX 1899
BONITA SPRINGS FL 33923**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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	DV	1.1 TITLE	DV
NAME	TABER, MAYNARD	1.2 NAME	Tedtman-Buck, Gladys
STREET ADDRESS	320 HORSECREEK DRIVE #105	1.3 STREET ADDRESS	3901 Cardinal Circle
CITY-ST-ZIP	NAPLES FL	1.4 CITY-ST-ZIP	Bonita Springs FL 34134
TITLE	DP	2.1 TITLE	DAT
NAME	VANS CROY, MILDRED	2.2 NAME	VanScoy, Mildred
STREET ADDRESS	27853 KINGS KEW	2.3 STREET ADDRESS	34134
CITY-ST-ZIP	BONITA SPRINGS FL	2.4 CITY-ST-ZIP	
TITLE	DS	3.1 TITLE	DP
NAME	CECIL, W. JEFFREY	3.2 NAME	Cecil, W. Jeffrey
STREET ADDRESS	1884 MISSION DRIVE	3.3 STREET ADDRESS	34109
CITY-ST-ZIP	NAPLES FL	3.4 CITY-ST-ZIP	
TITLE	DT	4.1 TITLE	DAT
NAME	ZWICK, JOE	4.2 NAME	Bondy, Vincent
STREET ADDRESS	25623 PARADISE ROAD S.E.	4.3 STREET ADDRESS	25616 Tarocco Drive
CITY-ST-ZIP	BONITA SPRINGS FL	4.4 CITY-ST-ZIP	Bonita Springs FL 34135
TITLE	DAT	5.1 TITLE	DT
NAME	DEAVERS, DOUG	5.2 NAME	Deavers, Douglas
STREET ADDRESS	1823 PRINCESS COURT	5.3 STREET ADDRESS	34110
CITY-ST-ZIP	NAPLES FL	5.4 CITY-ST-ZIP	
TITLE	DAT	6.1 TITLE	DAT
NAME	MOSER, ALCIE	6.2 NAME	Harrington, John
STREET ADDRESS	26930 WEDGEWOOD DRIVE #306-1	6.3 STREET ADDRESS	4600 Williams Drive
CITY-ST-ZIP	BONITA SPRINGS FL	6.4 CITY-ST-ZIP	Estero FL 33928

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: [Signature] **Deavers** 4/18/97 (741) 597-1000
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0089888

CR2E037 (9/96)