

FILE NOW: FILING FEE IS \$61.25

FILED

**Apr 17 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra D. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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3. Date Incorporated or Qualified
01/10/1985

4. FEI Number
59-2520944

Applied For	Not Applicable
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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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. Is this nonprofit corporation a homeowners association? Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes 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	
82 Street Address (P.O. Box Number is Not Acceptable)	
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 officer 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DV <input type="checkbox"/> DELETE	1.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TEDTMAN-BUCK, GLADYS	1.2 NAME	
STREET ADDRESS	3901 CARDINAL CIRCLE	1.3 STREET ADDRESS	
CITY-ST-ZIP	BONITA SPRINGS FL	1.4 CITY-ST-ZIP	
TITLE	DAT <input checked="" type="checkbox"/> DELETE	2.1 TITLE	DS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VANSCOY, MILDRED	2.2 NAME	Marszalkowski, Linda
STREET ADDRESS	27853 KINGS KEW	2.3 STREET ADDRESS	4651 Gulfshore Blvd N # 1504
CITY-ST-ZIP	BONITA SPRINGS FL	2.4 CITY-ST-ZIP	Naples FL 34103
TITLE	DP <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CECIL, W J	3.2 NAME	
STREET ADDRESS	1884 MISSION DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	3.4 CITY-ST-ZIP	
TITLE	DAT <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BONDY, VINCENT	4.2 NAME	
STREET ADDRESS	25616 TAROCCO DR	4.3 STREET ADDRESS	
CITY-ST-ZIP	BONITA SPRINGS FL	4.4 CITY-ST-ZIP	
TITLE	DT <input checked="" type="checkbox"/> DELETE	5.1 TITLE	DT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DEAVERS, DOUGLAS	5.2 NAME	Johnson, Donald H.
STREET ADDRESS	1823 PRINCESS COURT	5.3 STREET ADDRESS	19017 Vintage Trace Circle
CITY-ST-ZIP	NAPLES FL	5.4 CITY-ST-ZIP	Ft. Myers FL 33912
TITLE	DAT <input type="checkbox"/> DELETE	6.1 TITLE	DVAT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARRINGTON, JOHN	6.2 NAME	
STREET ADDRESS	4600 WILLIAMS DR	6.3 STREET ADDRESS	12051 Gateway Greens Drive # 322
CITY-ST-ZIP	ESTERO FL	6.4 CITY-ST-ZIP	Ft. Myers FL 33913

14. 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 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: *Donald H. Johnson* **Donald H. Johnson, Treasurer** 4/3/98 (941) 267-4902

CF2E037 (10/97)