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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N07044

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 34110 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 34110 29 Country

3. Date Incorporated or Qualified

01/10/1985

4. FEI 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

9. Name and Address of Current Registered Agent

BACHELOR, 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 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME TEDTMAN-BUCK, GLADYS
STREET ADDRESS 3901 CARDINAL CIRCLE
CITY-ST-ZIP BONITA SPRINGS FL ☒ DELETE

TITLE DS
NAME MARSZALKOWSKI, LINDA
STREET ADDRESS 4651 GULF SHORE BLVD N #1504
CITY-ST-ZIP NAPLES FL 34103 ☒ DELETE

TITLE DP
NAME CECIL, W J
STREET ADDRESS 1984 MISSION DRIVE
CITY-ST-ZIP NAPLES FL ☐ DELETE

TITLE DAT
NAME BONDY, VINCENT
STREET ADDRESS 25616 TAROCCO DR
CITY-ST-ZIP BONITA SPRINGS FL ☐ DELETE

TITLE DT
NAME JOHNSON, DONALD H
STREET ADDRESS 19017 VINTAGE TRACE CIRCLE
CITY-ST-ZIP FT MYERS FL 33912 ☐ DELETE

TITLE DVAT
NAME HARRINGTON, JOHN
STREET ADDRESS 12051 GATEWAY GREENS DRIVE #322
CITY-ST-ZIP FT MYERS FL 33913 ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DV ☐ Change ☒ Addition
1.2 NAME L. Deane Shepard
1.3 STREET ADDRESS 261 Barefoot Beach Blvd # 604
1.4 CITY-ST-ZIP Bonita Springs FL 34134

2.1 TITLE DS ☐ Change ☒ Addition
2.2 NAME Lori Giustina
2.3 STREET ADDRESS 419 Pine Avenue
2.4 CITY-ST-ZIP Naples FL 34108

3.1 TITLE DAT ☐ Change ☒ Addition
3.2 NAME Doreen Futhey
3.3 STREET ADDRESS 396 Harvard Court
3.4 CITY-ST-ZIP Naples FL 34104

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE DAT ☒ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:  **REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/5/99

(941)
267-4902

Date

Daytime Phone #

CR2E037 (11/98)