

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2000 8:00 am
Secretary of State

05-02-2000 90162 050 ****61.25

DOCUMENT # N07044

1. Entity Name

COMMUNITY CONGREGATIONAL UNITED CHURCH OF CHRIST

Principal Place of Business

Mailing Address

C/O CHARLES M. LEWIS, PASTOR
 15300 TAMiami TRAIL NORTH
 NAPLES FL 33963

C/O CHARLES M. LEWIS, PASTOR
 15300 TAMiami TRAIL NORTH
 NAPLES FL 34110-6239

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2520944

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BATCHELOR, DAN E.
4171 BONITA BEACH ROAD
PO BOX 1899
BONITA SPRINGS FL 33923

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DV	<input type="checkbox"/> Delete
NAME	SHEPARD, L. DEANE	
STREET ADDRESS	261 BAREFOOT BEACH BLVD., #604	
CITY-ST-ZIP	BONITA SPRINGS FL 34134	
TITLE	DS	<input checked="" type="checkbox"/> Delete
NAME	GIUSTINA, LORI	
STREET ADDRESS	419 PINE AVENUE	
CITY-ST-ZIP	NAPLES FL 34108	
TITLE	DP	<input type="checkbox"/> Delete
NAME	CECIL, W J	
STREET ADDRESS	1984 MISSION DRIVE	
CITY-ST-ZIP	NAPLES FL	
TITLE	DAT	<input type="checkbox"/> Delete
NAME	BONDY, VINCENT	
STREET ADDRESS	25616 TAROCCO DR	
CITY-ST-ZIP	BONITA SPRINGS FL	
TITLE	DT	<input type="checkbox"/> Delete
NAME	JOHNSON, DONALD H	
STREET ADDRESS	19017 VINTAGE TRACE CIRCLE	
CITY-ST-ZIP	FT MYERS FL 33912	
TITLE	DAT	<input type="checkbox"/> Delete
NAME	HARRINGTON, JOHN	
STREET ADDRESS	12051 GATEWAY GREENS DRIVE #322	
CITY-ST-ZIP	FT MYERS FL 33913	

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	James Jackson	
STREET ADDRESS	13235 Sherburne Cr #1604	
CITY-ST-ZIP	Bonita Springs FL 34135	
TITLE	DV	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Stewart Kniff	
STREET ADDRESS	265 Barefoot Bv PH04	
CITY-ST-ZIP	Bonita Springs FL 34134	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Donald H. Johnson Treasurer 4/21/2000 941-597-1000
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)