

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 15, 2001 8:00 am**  
**Secretary of State**

05-15-2001 90095 002 \*\*\*\*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 33963

80055349



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2520944

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name: *Forzer, Wright, Morris & Arthur*  
 Street Address (P.O. Box Number is Not Acceptable): *5801 Pelican Bay Blvd Suite 300*  
*W. JEFFREY CECIL*  
 City: *Naples* FL Zip Code: *34108*

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: *W. Jeffrey Cecil* *W. Jeffrey Cecil* *4/30/01*  
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	D	<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	JACKSON, JAMES	
STREET ADDRESS	13235 SHERBURNE CR #1604	
CITY-ST-ZIP	BONITA SPRINGS FL 34135	
TITLE	DP	<input type="checkbox"/> Delete
NAME	CECIL, W J	
STREET ADDRESS	1984 MISSION DRIVE	
CITY-ST-ZIP	NAPLES FL	
TITLE	DAT	<input checked="" type="checkbox"/> Delete
NAME	BONDY, VINCENT	
STREET ADDRESS	25616 TAROCCO DR	
CITY-ST-ZIP	BONITA SPRINGS FL	
TITLE	DT	<input checked="" 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	DTS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Doreen Futhrey	
STREET ADDRESS	396 Harvard Court	
CITY-ST-ZIP	Naples FL 34104-8403	
TITLE	DVAT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Rex Sims	
STREET ADDRESS	PO Box 2387	
CITY-ST-ZIP	Bonita Springs FL 34133	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	David Webb	
STREET ADDRESS	5220 Tamarind Ridge Road	
CITY-ST-ZIP	Naples FL 34119	
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: *Doreen Futhrey* *4/24/01* *(941) 352-8685*

CR2E037 (10/00)