

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Jan 17, 2001 08:00 AM****Secretary of State****DOCUMENT # N22986****1. Entity Name****FIRST CHRISTIAN CHURCH AT LEESBURG, FLORIDA, INC.****Principal Place of Business****FIRST CHRISTIAN CHURCH  
1701 VINE STREET  
LEESBURG  
34748****US****Mailing Address****C/O RICHARD L. SAPP  
1701 VINE STREET  
LEESBURG  
34748****FL****2. Principal Place of Business****3. Mailing Address****ADMINISTRATION****Suite, Apt. #, etc.****Suite, Apt. #, etc.****1701 VINE STREET****City & State****City & State****LEESBURG****FL****Zip****Country****Zip****Country****34748****4. FEI Number****59-1877036****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****GALL DAVID  
04153 PICCIOLA RD****FRUITLAND PARK  
34731****US****FL****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 DAVID GALL****01/17/2001**

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

(NOTE: Registered Agent signature required when reinstalling)

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	VC	<input type="checkbox"/> Delete	TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PARRIS GEORGE		NAME	PARRIS GEORGE	
STREET ADDRESS	201 S CELLIGE ST		STREET ADDRESS	201 S CELLIGE ST	
CITY-ST-ZIP	LEESBURG FL 34748		CITY-ST-ZIP	LEESBURG FL 34748	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRICKE GREGG		NAME		
STREET ADDRESS	460 NEWELL HILL RD		STREET ADDRESS		
CITY-ST-ZIP	LEESBURG FL 34748		CITY-ST-ZIP		
TITLE	C	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAMILTON SR RL		NAME	SNYDER AL	
STREET ADDRESS	6300 WILANDER ST		STREET ADDRESS	26017 NEWCOMBE CIRCLE	
CITY-ST-ZIP	LEESBURG FL		CITY-ST-ZIP	LEESBURG FL 34748	
TITLE	S	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCGREW MAX B		NAME	COONS ANDREW	
STREET ADDRESS	26 WESTON RD		STREET ADDRESS	204 SOUTH MOSS STREET	
CITY-ST-ZIP	LEESBURG FL		CITY-ST-ZIP	LEESBURG FL 34748	
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GALL DAVID		NAME	GALL DAVID	
STREET ADDRESS	04153 PICCIOLA RD		STREET ADDRESS	04153 PICCIOLA RD	
CITY-ST-ZIP	FRUITLAND PARK FL		CITY-ST-ZIP	FRUITLAND PARK FL 34731	
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAPP RICHARD L		NAME	SAPP RICHARD L	
STREET ADDRESS	36108 E. SPRING LAKE BLVD		STREET ADDRESS	36108 E. SPRING LAKE BLVD	
CITY-ST-ZIP	FRUITLAND PARK FL		CITY-ST-ZIP	FRUITLAND PARK FL 34731	

**12. I 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 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: DAVID GALL****C****01/17/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/00)