

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 12, 2003 8:00 am
Secretary of State

03-12-2003 90129 017 ****61.25

DOCUMENT # N22986

1. Entity Name

FIRST CHRISTIAN CHURCH AT LEESBURG, FLORIDA, INC



Principal Place of Business

**FIRST CHRISTIAN CHURCH
1701 VINE STREET
LEESBURG FL 34748
US**

Mailing Address

**ADMINISTRATION
1701 VINE STREET
LEESBURG FL 34748**

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 **59-1877036**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**GALL, DAVID
04153 PICCIOLA RD
FRUITLAND PARK FL 34731**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME	T GALL, DAVID <input type="checkbox"/> Delete
STREET ADDRESS	04153 PICCIOLA RD
CITY-ST-ZIP	FRUITLAND PARK FL 34731
TITLE NAME	T COONS, ANDREW <input checked="" type="checkbox"/> Delete
STREET ADDRESS	204 SOUTH MOSS STREET
CITY-ST-ZIP	LEESBURG FL 34748
TITLE NAME	T SNYDER, AL <input type="checkbox"/> Delete
STREET ADDRESS	26017 NEWCOMBE CIRCLE
CITY-ST-ZIP	LEESBURG FL 34748
TITLE NAME	CT PARRIS, GEORGE <input type="checkbox"/> Delete
STREET ADDRESS	201 S COLLEGE ST
CITY-ST-ZIP	LEESBURG FL 34748
TITLE NAME	VT MACHACEK, KENNETHW <input type="checkbox"/> Delete
STREET ADDRESS	2000 BEVERLY PT ROAD
CITY-ST-ZIP	LEESBURG FL 34748
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	T HEATER, ROBERT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	26630 RACQUET CIRCLE
CITY-ST-ZIP	LEESBURG FL 34748
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *[Signature]* **REQUIRED**

CR2E037 (10/02)