

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 706154

**FILED**  
**Feb 16, 2016**  
**Secretary of State**  
**CC9587616955**

**Entity Name:** FIRST CHRISTIAN CHURCH (DISCIPLES OF CHRIST), INC., OF LEHIGH ACRES, FLORIDA

**Current Principal Place of Business:**

FOUNTAIN CREST RETIREMENT COMMUNITY  
1230 TAYLOR LANE  
LEHIGH ACRES, FL 33936

**Current Mailing Address:**

P.O. BOX 427  
LEHIGH ACRES, FL 33970-0427 US

**FEI Number: 59-1717306**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

STARR, JOAN H  
1020 COLUMBUS AVENUE  
LEHIGH ACRES, FL 33972 US

*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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title TRUSTEE  
Name WEISER, NANCY  
Address 108 IDAHO  
City-State-Zip: LEHIGH ACRES FL 33936

Title TRUSTEE  
Name STARR, JOAN H  
Address 1020 COLUMBUS AVENUE  
City-State-Zip: LEHIGH ACRES FL 33972

Title TRUSTEE  
Name KENDRICK, LYNDA  
Address 1035 CAMDEN ST. E  
City-State-Zip: LEHIGH ACRES FL 33936

Title MODERATOR  
Name WEISER, NANCY  
Address 108 IDAHO  
City-State-Zip: LEHIGH ACRES FL 33936

Title SECRETARY  
Name PAYNE, JENSENE  
Address 21790 PEARL ST.  
City-State-Zip: ALVA FL 33920

Title TREASURER  
Name STARR, JOAN H  
Address 1020 COLUMBUS AVENUE  
City-State-Zip: LEHIGH ACRES FL 33972

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: JOAN STARR**

**TRUSTEE / TREASURER**

**02/16/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date