

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 09, 2008 8:00 am
Secretary of State

04-09-2008 90019 008 ****61.25

DOCUMENT # 706154

1. Entity Name

FIRST CHRISTIAN CHURCH (DISCIPLES OF CHRIST),
INC., OF LEHIGH ACRES, FLORIDA



Principal Place of Business

2803 LEE BLVD.
LEHIGH ACRES FL 33971
US

Mailing Address

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

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/07)

4. FEI Number

59-1711730

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

~~REYNOLDS, A B JR~~
~~801 W LEE LAND HGTS BLVD~~
~~LEHIGH ACRES FL 33936~~

7. Name and Address of New Registered Agent

Name **PAULA S. STROHL**

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

509 PARKER AVE., S.

City **Lehigh Acres**

FL

Zip Code **33974**

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 must be used when reappointing)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2008

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 **TR** ☐ Delete
NAME **PAYNE, JENSENE**
STREET ADDRESS **P.O. BOX 1091**
CITY- ST- ZIP **ALVA FL 33920**

TITLE **P** ☐ Delete
NAME **MARIK, WALTER**
STREET ADDRESS **10438 LAKEPORT CT**
CITY- ST- ZIP **LEHIGH ACRES FL 33936**

TITLE **T** ☒ Delete
NAME **~~REYNOLDS, A B JR~~**
STREET ADDRESS **801 W LEE LAND HGTS BLVD**
CITY- ST- ZIP **LEHIGH ACRES FL 33936**

TITLE **TR** ☒ Delete
NAME **ALSIP, CHESTER**
STREET ADDRESS **116 JEFFERSON AVE**
CITY- ST- ZIP **LEHIGH ACRES FL 33972**

TITLE **TR** ☐ Delete
NAME **PAULA STROHL**
STREET ADDRESS **509 PARKER AVE., S.**
CITY- ST- ZIP **LEHIGH ACRES, FL 33974**

TITLE **TR** ☐ Delete
NAME **NANCY WEISER**
STREET ADDRESS **108 IDAHO RD.**
CITY- ST- ZIP **Lehigh Acres FL 33936**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
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CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

Paula Strohl **PAULA S. STROHL**

3/26/08

239
561-8402