

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 17, 2000 8:00 am
Secretary of State

03-17-2000 90041 006 ****61.25

DOCUMENT # 706528

1. Entity Name

CHRIST COMMUNITY UNITED METHODIST CHURCH, INC.

Principal Place of Business

Mailing Address

27000 SUNNYBROOK ROAD
 PUNTA GORDA FL 33963

27000 SUNNYBROOK ROAD
 PUNTA GORDA FL 33963-3343

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2562346

Applied For

Not Applicable

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

KOZOMAN, ROBERT L.
3517 PEACE RIVER DRIVE
PUNTA GORDA FL 33983

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

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** Delete
 NAME **GRAHAM, ART**
 STREET ADDRESS **27264 SAN MARINO DR**
 CITY-ST-ZIP **PUNTA GORDA FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **GRAHAM, MILLICENT**
 STREET ADDRESS **27264 SAN MARINO DR**
 CITY-ST-ZIP **PUNTA GORDA FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **NEWMAN, RICHARD**
 STREET ADDRESS **2240 HARBOUR DR.**
 CITY-ST-ZIP **PUNTA GORDA FL 33983**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VP** Delete
 NAME **HICKS, GEORGE**
 STREET ADDRESS **150 URAGUAY DR**
 CITY-ST-ZIP **PUNTA GORDA FL**

TITLE **VP** Change Addition
 NAME **HICKS, GEORGE**
 STREET ADDRESS **23033 WESTCHESTER BLVD**
 CITY-ST-ZIP **PORT CHARLOTTE, FL**

TITLE **D** Delete
 NAME **KOZOMAN, CARROLL**
 STREET ADDRESS **3517 PEACE RIVER DR.**
 CITY-ST-ZIP **PUNTA GORDA FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **PD** Delete
 NAME **KOZOMAN, ROBERT L.**
 STREET ADDRESS **3517 PEACE RIVER DR**
 CITY-ST-ZIP **PUNTA GORDA FL**

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 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:

Robert L. Kozoman
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/2/2000 9416271576

Date

Daytime Phone #

CR2F037 (9/99)