

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 18, 2001 8:00 am**  
**Secretary of State**

05-18-2001 91579 037 \*\*\*\*61.25

**DOCUMENT # 706528**

1. Entity Name

**CHRIST COMMUNITY UNITED METHODIST CHURCH, INC.**

Principal Place of Business

27000 SUNNYBROOK ROAD  
 PUNTA GORDA FL 33983

Mailing Address

27000 SUNNYBROOK ROAD  
 PUNTA GORDA FL 33983

A0069914



DO NOT WRITE IN THIS SPACE

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

Zip

Country

Zip

Country

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

*Robert L. Kozoman*

5/11/2001

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	<input checked="" type="checkbox"/> Delete
NAME	GRAHAM, ART	
STREET ADDRESS	27264 SAN MARINO DR	
CITY-ST-ZIP	PUNTA GORDA FL 33983	
TITLE	D	<input type="checkbox"/> Delete
NAME	GRAHAM, MILLICENT	
STREET ADDRESS	27264 SAN MARINO DR	
CITY-ST-ZIP	PUNTA GORDA FL 33983	
TITLE	D	<input type="checkbox"/> Delete
NAME	NEWMAN, RICHARD	
STREET ADDRESS	2240 HARBOUR DR.	
CITY-ST-ZIP	PUNTA GORDA FL 33983	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	HICKS, GEORGE	
STREET ADDRESS	23033 WEST CHESTER BLVD	
CITY-ST-ZIP	PUNTA GORDA FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	KOZOMAN, CARROLL	
STREET ADDRESS	3517 PEACE RIVER DR.	
CITY-ST-ZIP	PUNTA GORDA FL 33983-3548	
TITLE	PD	<input type="checkbox"/> Delete
NAME	KOZOMAN, ROBERT L.	
STREET ADDRESS	3517 PEACE RIVER DR	
CITY-ST-ZIP	PUNTA GORDA FL 33983-3548	

TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NEWMAN, BARBARA	
STREET ADDRESS	2240 HARBOUR DR	
CITY-ST-ZIP	PUNTA GORDA, FL 33983	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GRAY, JOSEPH	
STREET ADDRESS	26107 RAMPART BLVD	
CITY-ST-ZIP	PORT CHARLOTTE, FL 33980	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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*

5/11/2001 941627 1576

CR2E037 (10/00)