

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2002 8:00 am
Secretary of State

05-01-2002 91584 044 ****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**

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

59-2562346

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NEWMAN, BARBARA	NAME	
STREET ADDRESS	2240 HARBOUR DR	STREET ADDRESS	
CITY-ST-ZIP	PUNTA GORDA FL 33983	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRAHAM, MILLICENT	NAME	
STREET ADDRESS	27264 SAN MARINO DR	STREET ADDRESS	
CITY-ST-ZIP	PUNTA GORDA FL	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NEWMAN, RICHARD	NAME	
STREET ADDRESS	2240 HARBOUR DR.	STREET ADDRESS	
CITY-ST-ZIP	PUNTA GORDA FL 33983	CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRAY, JOSEPH	NAME	
STREET ADDRESS	26107 RAMPART BLVD	STREET ADDRESS	
CITY-ST-ZIP	PORT CHARLOTTE FL 33980	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOZOMAN, CARROLL	NAME	
STREET ADDRESS	3517 PEACE RIVER DR.	STREET ADDRESS	
CITY-ST-ZIP	PUNTA GORDA FL 33983-3548	CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOZOMAN, ROBERT L.	NAME	
STREET ADDRESS	3517 PEACE RIVER DR	STREET ADDRESS	
CITY-ST-ZIP	PUNTA GORDA FL 33983-3548	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:

[Handwritten Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Handwritten Date and Phone]
 4/19/2002
 Home 941-627-1576
 941-629-1593

Date

Daytime Phone #

CR2E037 (9/01)