

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 15, 2003 8:00 am**  
**Secretary of State**

01-15-2003 90189 006 \*\*\*\*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

4. FEI Number **59-2562346**

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional  
Fee Required

CHECK HERE IF MAKING CHANGES



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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **ROBERT KOZOMAN**

Signature, typed or printed name of registered agent and title if applicable.

*Robert Kozoman*

(NOTE: Registered Agent signature required when reinstating)

**1/10/2003**

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>NEWMAN, BARBARA</b> <b>2240 HARBOUR DR</b> <b>PUNTA GORDA FL 33983</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>GRAHAM, MILLICENT</b> <b>27264 SAN MARINO DR</b> <b>PUNTA GORDA FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>NEWMAN, RICHARD</b> <b>2240 HARBOUR DR.</b> <b>PUNTA GORDA FL 33983</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>GRAY, JOSEPH</b> <b>26107 RAMPART BLVD</b> <b>PORT CHARLOTTE FL 33980</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>KOZOMAN, CARROLL</b> <b>3517 PEACE RIVER DR.</b> <b>PUNTA GORDA FL 33983-3548</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>KOZOMAN, ROBERT L.</b> <b>3517 PEACE RIVER DR</b> <b>PUNTA GORDA FL 33983-3548</b>	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>NEWMAN, RICHARD</b> <b>2240 HARBOUR DR</b> <b>PUNTA GORDA FL 33983</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DAVID GOODHUE</b> <b>26546 TRAINILAS DR</b> <b>PUNTA GORDA, FL 33980</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 Kozoman* **ROBERT KOZOMAN** 1/10/03 941 627 1576

CR2E037 (10/02)