

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 707168

1. Entity Name

FIRST CHRISTIAN CHURCH (DISCIPLES OF CHRIST) OF

f

Principal Place of Business

Mailing Address

2010 S. BABCOCK ST.  
MELBOURNE FL 32901

2010 S. BABCOCK ST.  
MELBOURNE FL 32901-5302

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JENNINGS, PAUL DR -  
2022 SIERRA AVENUE  
MELBOURNE FL 32935

Name

SCHUMACHER, RALPH

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

435 HAMLIN DRIVE

SATELLITE BEACH FL 32937

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

*Ralph Schumacher*

8-6-00

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 '00

TITLE	C	<input type="checkbox"/> Delete
NAME	JENNINGS, PAUL DR	
STREET ADDRESS	2022 SIERRA AVENUE	
CITY-ST-ZIP	MELBOURNE FL 32935	
TITLE	S	<input type="checkbox"/> Delete
NAME	HANNAH, MARALYNNE	
STREET ADDRESS	3980 S WIND DRIVE	
CITY-ST-ZIP	MELBOURNE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	COX, RON	
STREET ADDRESS	128 E. BLUFF TERRACE	
CITY-ST-ZIP	MELBOURNE FL 32901	
TITLE	T	<input type="checkbox"/> Delete
NAME	GLASS, ROBERT	
STREET ADDRESS	678 CARIBBEAN ROAD	
CITY-ST-ZIP	SATELLITE BEACH FL 32937	
TITLE	TR	<input type="checkbox"/> Delete
NAME	WHITE, JOSEPH	
STREET ADDRESS	701 E GLADIOLUS DR	
CITY-ST-ZIP	BAREFOOT BAY FL 32976	
TITLE	TR	<input checked="" type="checkbox"/> Delete
NAME	LILES, JOHN	
STREET ADDRESS	2312 S FAIRWAY DR	
CITY-ST-ZIP	MELBOURNE FL 32901	

TITLE	C	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHUMACHER, RALPH	
STREET ADDRESS	435 HAMLIN DRIVE	
CITY-ST-ZIP	SATELLITE BEACH FL 32937	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUTTRAY, PAUL	
STREET ADDRESS	856 GREENWOOD MANOR CIRCLE	
CITY-ST-ZIP	MELBOURNE FL 32904	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TR	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TR	<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:

*Ralph Schumacher*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

1/11/2000

321-228-6831

FILED  
Aug 10, 2000 8:00 am  
Secretary of State

01-20-2000 90224 015 \*\*\*\*61.25

08-10-2000 90002 037 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-6135903  
Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

CR12F037 (9/99)