

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2002 8:00 am
Secretary of State

02-13-2002 90013 029 ****61.25

DOCUMENT # 707168

1. Entity Name

**FIRST CHRISTIAN CHURCH (DISCIPLES OF CHRIST) OF
 MELBOURNE, INC.**

Principal Place of Business

**2010 S. BABCOCK ST.
 MELBOURNE FL 32901**

Mailing Address

**2010 S. BABCOCK ST.
 MELBOURNE FL 32901**

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 **59-6135903**

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

**SCHUMACHER, RALPH
 435 HAMLIN DR
 SATELLITE BEACH FL 32937**

Name

DOLLY FRITTS

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

755 John Adams Lane

City

W Melbourne

FL

Zip Code
32904

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

Dolores B. Fritts (Dolly)

DOLLY FRITTS

1-20-02

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 **C** ☒ Delete
 NAME **SCHUMACHER, RALPH**
 STREET ADDRESS **435 HAMLIN DRIVE**
 CITY-ST-ZIP **SATELLITE BEACH FL 32937**

TITLE **C** ☒ Change ☐ Addition
 NAME **Dolly Fritts**
 STREET ADDRESS **755 John Adams Lane**
 CITY-ST-ZIP **W Melbourne FL 32904**

TITLE **D** ☐ Delete
 NAME **BUTTRAY, PAUL**
 STREET ADDRESS **856 GREENWOOD MANOR CIRCLE**
 CITY-ST-ZIP **MELBOURNE FL 32904**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **T** ☐ Delete
 NAME **GLASS, ROBERT**
 STREET ADDRESS **678 CARIBBEAN ROAD**
 CITY-ST-ZIP **SATELLITE BEACH FL 32937**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **TR** ☐ Delete
 NAME **WHITE, JOSEPH**
 STREET ADDRESS **701 E GLADIOLUS DR**
 CITY-ST-ZIP **BAREFOOT BAY FL 32976**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **S** ☐ Delete
 NAME **HANSEN, RUTH**
 STREET ADDRESS **361 MAPLE DRIVE**
 CITY-ST-ZIP **SATELLITE BEACH FL 32937**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

Dolores B. Fritts (Dolly)

DOLLY FRITTS

1/20/02

321-723-0291

CR2E037 (9/01)