2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2000 8:00 am
Secretary of State
05-01-2000 90309 023 ****61.25

DOCUMENT # 707450

1. Entity Name

THE FIRST CONGREGATIONAL UNITED CHURCH OF CHRIST

Principal Place of Business	Mailing Address
1031 SOUTH EUCLID AVENUE SARASOTA FL 34237-8124	1031 SOUTH EUCLID AVENUE SARASOTA FLA 34237-8124

C0077855

DO NOT WRITE IN THIS SPACE

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 59-0896302 ☐ 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
PERDUE, JOAN L. 1506 MALLARD LANE SARASOTA FL 34239	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		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD SICKS, JAMES 4082 REDBIRD CIR SARASOTA FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P MATTESON, KAREN 988 BOULEVARD OF THE ARTS, NO. 1009 SARASOTA FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP JACQUELIN E TUTT 2351 LAKESIDE MEWS SARASOTA FL 34235	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP TREFFINGER, DON 201 BIRD KEY DR SARASOTA FL 34236	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P TREFFINGER, DON 2092 WASATCH DR SARASOTA FL 34235	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S WITTREN, SHARON R. 4520 GLEBE FARM RD. SARASOTA, FL 00000	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GEIGER, KEN 4337 OAKVIEW SARASOTA FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MARSHALL, BARBARA 2519 E MILMAR DRIVE SARASOTA FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GLORIA ADAMS 1318 GEORGETOWNE CIRCLE SARASOTA FL 34235	☐ Change ☒ Addition

CR2E037 (9/99)

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: Sharon R. Wittren SHARON R. WITTREN 3/30/00 (941) 953-7044
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #