

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 729858

1. Entity Name

THE ASSOCIATION OF INDEPENDENT CHRISTIAN CHURCHE

Principal Place of Business

1761 ROYAL PALM AVENUE, SUITE 8  
POST OFFICE BOX 147  
FORT MYERS FL 33902

Mailing Address

P.O. BOX 147  
FORT MYERS FL 33902-0147

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

HEIL, JOHN JAMES, REV., S.G.S.  
1761 ROYAL PALM AVENUE, SUITE #8  
FORT MYERS FL 33901

4. FEI Number

23-7382156

Applied For

Not Applicable

5. Certificate of Status Desired

XXX

\$8.75 Additional  
Fee Required

7. Name and Address of New Registered Agent

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

TITLE PD  
NAME THIBODEAU, KENNETH BOYD R REV  
STREET ADDRESS 2840 GRAND AVENUE, STE 209  
CITY-ST-ZIP FORT MYERS FL 33901-6155 ☐ Delete

TITLE VD  
NAME FOWLER, THOMAS JAMES R REV  
STREET ADDRESS 2840 GRAND AVENUE, STE 209  
CITY-ST-ZIP FORT MYERS FL 33901-6155 ☐ Delete

TITLE SD  
NAME EVEREST, GENE NANCY  
STREET ADDRESS 2840 GRAND AVENUE, STE 209  
CITY-ST-ZIP FORT MYERS FL 33901-6155 ☐ Delete

TITLE S  
NAME RIDDLE, LESIA MARY  
STREET ADDRESS 2840 GRAND AVENUE, STE 209  
CITY-ST-ZIP FORT MYERS FL 33901-6155 ☐ Delete

TITLE S  
NAME MILLER, EDNA ANN  
STREET ADDRESS 2840 GRAND AVENUE, STE 209  
CITY-ST-ZIP FORT MYERS FL 33901-6155 ☐ Delete

TITLE TD  
NAME PALMER, III, GEORGE DAVID REV  
STREET ADDRESS 2840 GRAND AVENUE, STE 209  
CITY-ST-ZIP FORT MYERS FL 33901-6155 ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD XXX Change ☐ Addition  
NAME THIBODEAU, KENNETH BOYD DR.  
STREET ADDRESS SAME AS TYPED  
CITY-ST-ZIP " " " " " " ☐ Addition

TITLE VD XXX Change ☐ Addition  
NAME FOWLER, THOMAS JAMES DR.  
STREET ADDRESS SAME AS TYPED  
CITY-ST-ZIP " " " " " " ☐ Addition

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

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

TITLE ☐ Change ☐ Addition  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

15 JAN 2000

(941) 418-0939

Date

Daytime Phone #

CR2E037 (9/99)