

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

FILED
Jan 08, 2003 8:00 am
Secretary of State

01-08-2003 90028 036 ****70.00

DOCUMENT # 729858

1. Entity Name

**THE ASSOCIATION OF INDEPENDENT CHRISTIAN CHURCHES
AND CHRISTIAN COMMUNITY COLLEGE, INCORPORATED**



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **23-7382156**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ XXX

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

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

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

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

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

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ 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: SR. GENE NANCY EVEREST, III, S.G.S.

03 JAN 2003 (239) 418-0939

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Printing Phone #

CR2E037 (10/02)