

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # 764556**

1. Entity Name

**MARINER BOULEVARD CHURCH OF CHRIST, INC.**

Principal Place of Business

**11025 RIPLEY STREET  
P.O. BOX 3503  
SPRING HILL FL 34606**

Mailing Address

**11025 RIPLEY STREET  
P.O. BOX 3503  
SPRING HILL FL 34606**

2. Principal Place of Business

Suite, Apt. #, etc.

City &amp; State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City &amp; State

Zip

Country

4. FEI Number

**59-2868614**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**NITZ, DAVID  
8201 GOLDEN BEAR LOOP  
PORT RICHEY FL 34668**

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	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>JOHNSON, CHARLES</b>	
STREET ADDRESS	<b>1477 N FAYETTEVILLE DR.</b>	
CITY-ST-ZIP	<b>SPRING HILL FL</b>	

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>PERRY, KIM</b>	
STREET ADDRESS	<b>MARY'S FISH CAMP</b>	
CITY-ST-ZIP	<b>SPRING HILL FL</b>	

TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>MEGRONIGLE, RICHARD</b>	
STREET ADDRESS	<b>3471 PLAZA AVE</b>	
CITY-ST-ZIP	<b>SPRING HILL FL 34608</b>	

TITLE	<b>DST</b>	<input type="checkbox"/> Delete
NAME	<b>MCGEHEE, GUNTELLE</b>	
STREET ADDRESS	<b>7413 SOUTH PINEHURST DR</b>	
CITY-ST-ZIP	<b>SPRING HILL, FL 00000</b>	

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>NITZ, DAVID</b>	
STREET ADDRESS	<b>8201 GOLDEN BEAR LOOP</b>	
CITY-ST-ZIP	<b>PORT RICHEY FL 34668</b>	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<b>D/T</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<b>D/S</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>BAIRD, WES</b>	
STREET ADDRESS	<b>2336 LAKE FOREST AVENUE</b>	
CITY-ST-ZIP	<b>SPRING HILL. FL 34609</b>	

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 or without other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED****David K. Nitz**

01/12/01

727/942-3183

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)