

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N06401

1. Entity Name

FIRST CHRISTIAN CHURCH, BARTOW, FLORIDA, (DISCIP

**FILED**  
**Mar 02, 2000 8:00 am**  
**Secretary of State**

03-02-2000 90178 003 \*\*\*\*61.25

Principal Place of Business 400 SOUTH OAK AVE 400 SOUTH OAK BARTOW FL 33830-839 US	Mailing Address 400 SOUTH OAK AVE 400 SOUTH OAK BARTOW FL 33830-4839 US
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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 <b>59-6141941</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**HATCHER, ROBERT**  
**400 S OAK AVE**  
**BARTOW FL 33830**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW: FEE IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Department of State</b>
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10. OFFICERS AND DIRECTORS

TITLE	VCCD	<input type="checkbox"/> Delete
NAME	OSBORNE, JACK	
STREET ADDRESS	2243 US HWY 17 SO	
CITY-ST-ZIP	BARTOW FL	
TITLE	TDCC	<input type="checkbox"/> Delete
NAME	HATCHER, ROBERT	
STREET ADDRESS	1842 SANDY KNOLL CR	
CITY-ST-ZIP	LAKELAND FL	
TITLE	<del>D</del>	<del><input checked="" type="checkbox"/> Delete</del>
NAME	<del>BRYAN, KENNETH R. SR.</del>	
STREET ADDRESS	<del>780 WEST DAVIDSON</del>	
CITY-ST-ZIP	<del>BARTOW FL</del>	
TITLE	D	<input type="checkbox"/> Delete
NAME	WOIKE, ELSIE	
STREET ADDRESS	650 W. CLOWER	
CITY-ST-ZIP	BARTOW FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	DAY, CAROLINE	
STREET ADDRESS	7211 ESTATE ROAD	
CITY-ST-ZIP	LAKELAND FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	GARMON, BOYCE	
STREET ADDRESS	2055 FLORAL AVE S	
CITY-ST-ZIP	BARTOW FL	

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	<del>D</del>	<del><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</del>
NAME	<b>NICK HERR</b>	
STREET ADDRESS	<b>P.O. BOX 87</b>	
CITY-ST-ZIP	<b>MULBERRY, FL 33860</b>	
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		

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: *Robert L. Hatcher* **ROBERT L. HATCHER** **2/25/00** **863-647-5642**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)