

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 21, 2002 8:00 am**  
**Secretary of State**

02-21-2002 90050 037 \*\*\*\*61.25

**DOCUMENT # N06401**

1. Entity Name

**FIRST CHRISTIAN CHURCH, BARTOW, FLORIDA, (DISCIPLES OF CHRIST), INC.**

Principal Place of Business

Mailing Address

1515 SOUTH OAK AVE  
 SOUTH OAK  
 BARTOW FL 33830-839

400 SOUTH OAK AVE  
 400 SOUTH OAK  
 BARTOW FL 33830-830  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-6141941**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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 **VCCD OSBORNE, JACK**  Delete  
 STREET ADDRESS **2243 US HWY 17 SO**  
 CITY-ST-ZIP **BARTOW FL**

TITLE  
 NAME  Change  Addition  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME **TDCC HATCHER, ROBERT**  Delete  
 STREET ADDRESS **1842 SANDY KNOLL CR**  
 CITY-ST-ZIP **LAKELAND FL**

TITLE  
 NAME  Change  Addition  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME **D HERR, NICK**  Delete  
 STREET ADDRESS **PO BOX 87**  
 CITY-ST-ZIP **MULBERRY FL 33860**

TITLE  
 NAME  Change  Addition  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME **D WOIKE, ELSIE**  Delete  
 STREET ADDRESS **650 W. CLOWER**  
 CITY-ST-ZIP **BARTOW FL**

TITLE  
 NAME **~~D~~ BOB WINGARD**  Change  Addition  
 STREET ADDRESS **410 WOODLAWN**  
 CITY-ST-ZIP **BARTOW FL**

TITLE  
 NAME **SD PRICE, JANICE**  Delete  
 STREET ADDRESS **875 EAST WABASH**  
 CITY-ST-ZIP **BARTOW FL 33830**

TITLE  
 NAME  Change  Addition  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME **PD GARMON, BOYCE**  Delete  
 STREET ADDRESS **2055 FLORAL AVE S**  
 CITY-ST-ZIP **BARTOW FL**

TITLE  
 NAME  Change  Addition  
 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 Hatcher* **ROBERT HATCHER**

2/4/02

863-647-5632

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)