

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N09296

1. Entity Name

THE FIRST CHRISTIAN CHURCH (DISCIPLES OF CHRIST)

FILED
Feb 21, 2000 8:00 am
Secretary of State

02-21-2000 90035 037 ****61.25

Principal Place of Business

Mailing Address

541 S FLORIDA AVE.
LAKELAND FL 33806-9283

541 S FLORIDA AVE.
LAKELAND FL 33801-5228

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip
33801-5228

Country
Polk

Zip

Country

6. Name and Address of Current Registered Agent

WILLIAMS, GRANVILLE
6315 BRAHMAN DR
LAKELAND FL 33809

4. FEI Number

59-1288319

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of New Registered Agent

Name

Ronald Dinero

Street Address (P.O. Box Number is Not Acceptable)

460 Corona Del Mar

City
Lakeland

FL

Zip Code
33809

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	E	<input checked="" type="checkbox"/> Delete
NAME	OLSON, RALPH	
STREET ADDRESS	1625 W. ARIANA ST #11	
CITY-ST-ZIP	LAKELAND FL 33803	
TITLE	T	<input type="checkbox"/> Delete
NAME	HOLTON, IRIS	
STREET ADDRESS	1925 MYRTLE RD	
CITY-ST-ZIP	LAKELAND FL 33810	
TITLE	T	<input type="checkbox"/> Delete
NAME	TAYLOR, ELOISE	
STREET ADDRESS	606 EL CAMBA	
CITY-ST-ZIP	LAKELAND FL 33815	
TITLE	T	<input type="checkbox"/> Delete
NAME	SIMONECHT, FRITZ	
STREET ADDRESS	913 WOODWARD ST	
CITY-ST-ZIP	LAKELAND FL 33803	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Beverly Stokem	
STREET ADDRESS	910 Fountainview N	
CITY-ST-ZIP	Lakeland, FL 33809	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Victoria Scott	
STREET ADDRESS	1027 S. Lincoln Ave.	
CITY-ST-ZIP	Lakeland, FL 33803	
TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Louise M. Crawford	
STREET ADDRESS	1404 S. Lincoln Ave.	
CITY-ST-ZIP	Lakeland, FL 33803	
TITLE	Trustee	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jack Goode	
STREET ADDRESS	124 Crescent Dr.	
CITY-ST-ZIP	Lakeland, FL 33805	
TITLE	Trustee	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Dominick Marotti	
STREET ADDRESS	1405 Fern Rd. E.	
CITY-ST-ZIP	Lakeland, FL 33801	
TITLE	Trustee	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Leland J. Crawford	
STREET ADDRESS	1404 S. Lincoln Ave.	
CITY-ST-ZIP	Lakeland, FL 33803	

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:

Louise M. Crawford
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-10-2000

Date

863-683-4269

Daytime Phone #

CR2E037 (9/99)