2001 UNIFORM BUSINESS REPORT (UBR)

FILED Jan 23, 2001 8:00 am Secretary of State DOCUMENT # N09296 1. Entity Name THE FIRST CHRISTIAN CHURCH (DISCIPLES OF CHRIST) 01-23-2001 90086 008 ****61.25 Principal Place of Business Mailing Address 541 S FLORIDA AVE. 541 S FLORIDA AVE. LAKELAND FL 33801 LAKELAND FL 33801 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-1288319 Not Applicable \$8.75 Additional Zip Country Zip Country 5. Certificate of Status Desired **Fee Required** 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Jack Goode Street Address (P.O. Box Number is Not Acceptable) DINERO, RONALD 460 CORONA DEL MAR 124 Crescent Drive LAKELAND FL 33809 City Zip Code 33805-1809 Lakeland 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. 1-11-01 SIGNATURE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be \Box Trust Fund Contribution. Added to Fees **Department of State** FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. Addition Change ☐ Delete TITLE TITLE Vice President NAME NAME HOLTON, IRIS Dominick Marotti STREET ADDRESS STREET ADDRESS 1405 Fern Rd. E. Lakeland, Fl. 33801 1925 MYRTLE RD CITY-ST-ZIP CITY-ST-ZIP LAKELAND FL 33810 Board Secretary Addition ☐ Change ☐ Delete TITLE TITLE Т NAME K. C. Jarrett NAME TAYLOR, ELOISE STREET ADDRESS 1536 Holly Rd. STREET ADDRESS 606 EL CAMBA CITY-ST-ZIP CITY-ST-ZIP Lakeland, FL 33801-2209 LAKELAND FL 33815 Addition Change ☐ Delete TITLE Treasurer TITLE SIMONECHT, FRITZ NAME Louise M. Crawford STREET ADDRESS STREET ADDRESS 913 WOODWARD ST 1404 So. Lincoln Ave. CITY-ST-ZIP CITY-ST-ZIP LAKELAND FL 33803 akeland, FL 33803 ☐ Change Addition ☐ Delete TITLE Trustee TITLE NAME Edna Skipper NAME STREET ADDRESS STREET ADDRESS Imperial Villa #169 CITY-ST-ZIP CITY-ST-ZIP akeland, FL 33803-4628 Addition ☐ Delete TITLE Trustee NAME NAME Imogene Whitmoyer STREET ADDRESS STREET ADDRESS 1510 Ariana St. #243 CITY-ST-ZIP CITY-ST-ZIP akeland FL 33803-6916 ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 empower

SIGNATURE:

1-11-01

863-688-4143