

2002 UNIFORM BUSINESS REPORT (UBR)

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

02-21-2002 90005 036 ****61.25

DOCUMENT # N09296

1. Entity Name

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

Principal Place of Business

Mailing Address

**541 S. FLORIDA AVE.
 LAKELAND FL 33801**

**541 S FLORIDA AVE.
 LAKELAND FL 33801**

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

59-1288319

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GOODE, JACK
 124 CRESCENT DR
 LAKELAND FL 33809**

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

Jack Goode

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2-5-2002

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 **VP** ☐ Delete
 NAME **MAROTTI, DOMINICK**
 STREET ADDRESS **1405 FERN RD E**
 CITY-ST-ZIP **LAKELAND FL 33801**

TITLE **TRUSTEE** ☐ Change ☒ Addition
 NAME **IRIS HOLTON**
 STREET ADDRESS **1925 MYRTLE RD.**
 CITY-ST-ZIP **LAKELAND, FL 33810**

TITLE **BD** ☒ Delete
 NAME **JARRETT, K C**
 STREET ADDRESS **1536 HOLLY RD**
 CITY-ST-ZIP **LAKELAND FL 33801**

TITLE **TRUSTEE** ☐ Change ☒ Addition
 NAME **LELAND J. CRAWFORD**
 STREET ADDRESS **1404 SO. LINCOLN AVE.**
 CITY-ST-ZIP **LAKE LAND, FL 33803**

TITLE **T** ☐ Delete
 NAME **CRAWFORD, LOUISE M**
 STREET ADDRESS **1404 S LINCOLN AV**
 CITY-ST-ZIP **LAKELAND FL 33803**

TITLE **TRUSTEE** ☐ Change ☒ Addition
 NAME **FRITZ SIMONECHT**
 STREET ADDRESS **913 WOODARD ST**
 CITY-ST-ZIP **LAKELAND, FL 33803**

TITLE **T** ☐ Delete
 NAME **SKIPPER, EDNA**
 STREET ADDRESS **IMPERIAL VILLA 169**
 CITY-ST-ZIP **LAKELAND FL 33803-4628**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **T** ☐ Delete
 NAME **WHITMOYER, IMOGENE**
 STREET ADDRESS **1510 ARIANA ST 243**
 CITY-ST-ZIP **LAKELAND FL 33803**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE REQUIRED

Jack Goode **2-5-2002**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)