2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 20, 2002 8:00 am
Secretary of State
02-20-2002 90119 043 ****61.25

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DOCUMENT # N16052

Entity Name

FIRST CONGREGATIONAL UNITED CHURCH OF CHRIST, OC ALA, FLORIDA, INC.

Principal Place of Business	Mailing Address
71 SOUTHWEST STATE ROAD 200 CALA FL 34476	7171 SOUTHWEST STATE ROAD 200 OCALA FL 34476

DO NOT WRITE IN THIS SPACE

Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-2766209 ☐ 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
SCHNEIDER, NANCY G 9348 A SW 82ND TERRACE OCALA FL 34481	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 / STREET ADDRESS / CITY-ST-ZIP	D BROUILLARD, ROBERT 5332 NW 20TH PLACE OCALA FL 34482	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS STAMM, BETTY 8540 SW 63RD CT. OCALA FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT SCHNEIDER, NANCY 9348 A SW 82ND TERRACE OCALA FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CARD, DORIS 8672 C SW 96TH LANE OCALA FL 34481	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BROUILLARD, Noel 5332 N.W. 20th Place Ocala, FLORIDA 34482 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MAYER, PEARL 6368 SW 84TH PLACE ROAD OCALA FL 34476	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Stevens, PRISCILLA 9721-C S.W. 95th Ct. Ocala, FL. 34481 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GUSTAPSON, CARL 6464 SW 81ST ST. OCALA FL 34476	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DANNECKER, DON 8100 S.W. 109th Lane Rd Ocala, FL. 34481 ☐ Change ☒ Addition

CR2E037 (9/01)

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: Nancy G. Schneider Nancy G. Schneider 2/1/02 352-237-3035
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #