

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N20774

1. Entity Name

FIRST CHRISTIAN CHURCH OF FORT PIERCE, FLORIDA

FILED
Feb 16, 2000 8:00 am
Secretary of State

02-16-2000 90033 010 ****61.25

Principal Place of Business

Mailing Address

1210 HARTMAN ROAD
FORT PIERCE FL 34947
US

1210 HARTMAN ROAD
FORT PIERCE FL 34947-4417
US

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

59-2085959

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

MCKENZIE, ROBERT
606 AZALEA AVE
FT. PIERCE FL 34982

Name
KENDALL ABBOTT

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

VERO BEACH FL 32962

City
VERO BEACH

FL

Zip Code
32962

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

KENDALL ABBOTT, CHAIRMAN

1/31/00

(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
ABBOTT, KENDALL
435 HAWTHORNE LANE
VERO BEACH FL 32962 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
C/D
ABBOTT, KENDALL
435 HAWTHORNE LANE
VERO BEACH, FL 32962 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
VADAS, LORETTA
606 AZALEA AVE
FT. PIERCE FL 34982 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CD
MCKENZIE, ROBERT
606 AZALEA AVENUE
FT PIERCE FL 34982 ☒ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
GIL MARSH
388 ROUSE ROAD
Fort Pierce FL 34946 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

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: *Kendall Abbott* KENDALL ABBOTT

1/31/00

(561) 567-1524

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)