

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 11, 2002 8:00 am**  
**Secretary of State**

0090348

**DOCUMENT # N20774**

1. Entity Name

**FIRST CHRISTIAN CHURCH OF FORT PIERCE, FLORIDA**

04-11-2002 90697 031 \*\*\*\*61.25

Principal Place of Business

Mailing Address

**1210 HARTMAN ROAD  
 FORT PIERCE FL 34947  
 US**

**1210 HARTMAN ROAD  
 FORT PIERCE FL 34947  
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **3059753**  
**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

**MARSH, GIL  
 388 ROUSE RD.  
 FORT PIERCE FL 34946**

Name **MCKENZIE, ROBERT SR.**

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

**606 AZALEA AVE.**

City **FT. PIERCE**

**FL**

Zip Code **34982**

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

*Robert McKenzie SR*

**ROBERT MCKENZIE SR**

**4.03.02**

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 ☐ Delete  
 NAME **D MCKENZIE, ROBERT SR.**  
 STREET ADDRESS **606 AZALEA AVE.**  
 CITY-ST-ZIP **FORT PIERCE FL 34982**

TITLE ☐ Change ☒ Addition  
 NAME **D SCAMBLER WAYNE**  
 STREET ADDRESS **1907 SEBASTIAN RD**  
 CITY-ST-ZIP **FT. PIERCE, FL. 34951**

TITLE ☒ Delete  
 NAME **D MOSLEY, RUTH**  
 STREET ADDRESS **1116 ROSEDALE AVE.**  
 CITY-ST-ZIP **FT. PIERCE FL 34982**

TITLE ☐ Change ☒ Addition  
 NAME **D STEINMAN, RALPH**  
 STREET ADDRESS **601 SEAWAY DRIVE #C6**  
 CITY-ST-ZIP **FT. PIERCE FL. 34949**

TITLE ☒ Delete  
 NAME **CD MARSH, GIL**  
 STREET ADDRESS **388 ROUSE ROAD**  
 CITY-ST-ZIP **FORT PIERCE FL 34946**

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

TITLE ☐ Delete  
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 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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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:

*Robert McKenzie SR*  
**ROBERT MCKENZIE SR**

**4.03.02 772-461-2644**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)