

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 03, 2001 8:00 am
Secretary of State

02-03-2001 90025 026 ****61.25

DOCUMENT # N50379

1. Entity Name

FIRST CHRISTIAN CHURCH (DISCIPLES OF CHRIST) INC

Principal Place of Business

Mailing Address

1607 S SANFORD AVENUE
 SANFORD FL 32771

1607 S SANFORD AVENUE
 SANFORD FL 32771

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

59-2399111

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~SLOAN, THOMAS O~~
~~2400 MELLONVILLE AVE~~
~~SANFORD FL 32771~~

Name JEAN Riese CPA
 Street Address (P.O. Box Number is Not Acceptable) 2920 W. AIRPORT Blvd
 City SANford FL Zip Code 32771

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 JEAN RIESE, CPA
Jean Riese CPA
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/25/01

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	D	<input type="checkbox"/> Delete
NAME	WILLIAMSON, WAYNE	
STREET ADDRESS	411 VIHLEN RD	
CITY-ST-ZIP	SANFORD FL 32771-3610	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	HARLEY, ROBERT	
STREET ADDRESS	2545 PARK DR, #10	
CITY-ST-ZIP	SANFORD FL 32773	
TITLE	D	<input type="checkbox"/> Delete
NAME	PETERSON, ROBERT	
STREET ADDRESS	719 GREENTREE CT	
CITY-ST-ZIP	LAKE MARY FL 32746	
TITLE	C	<input type="checkbox"/> Delete
NAME	WILLIAMS, BARBARA	
STREET ADDRESS	115 ALAMO ROAD	
CITY-ST-ZIP	DEBARY FL 32713	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	SLOAN, THOMAS O	
STREET ADDRESS	2400 MELLONVILLE AVE	
CITY-ST-ZIP	SANFORD FL 32771	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Riese CPA, JEAN	
STREET ADDRESS	2920 W. AIRPORT Blvd	
CITY-ST-ZIP	SANford, FL 32771	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)