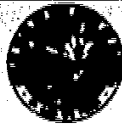


FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Monahan
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 APR 18 PM 11:03

DOCUMENT # N92000000598 (4)

1. Corporation Name

**FIRST COMMUNITY CONGREGATIONAL UNITED CHURCH OF
CHRIST, INC.**

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 12/04/1992	3a. Date of Last Report 06/01/1994
4. FEI Number 59-1969598	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No	

Principal Place of Business 200 E LEE LAND HEIGHTS BLVD. LEHIGH ACRES FL 33936		Mailing Address BOX 637 LEHIGH ACRES FL 33936	
2. Principal Place of Business 21	2a. Mailing Address 26	Suite, Apt. #, etc.	
City & State 23		City & State 27	
Zip 24	Country 25	Zip 29	Country 30

9. Name and Address of Current Registered Agent DAVIS, ROBERT C 14 RICHMOND AVE. N. LEHIGH ACRES FL 33936		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	
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11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T MCQUIRE, NANCY 2019 GOLFSIDE VILLAGE DR LEHIGH ACRES FL 33936	1.1 TITLE ☐ Change ☐ Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SANTA MARIA, FEENEY 202 S. LAKE DR LEHIGH ACRES FL 33936	2.1 TITLE ☐ Change ☐ Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T BICKEL, CHESTER 17 BURRSTONE AVE LEHIGH ACRES FL 33936	3.1 TITLE ☐ Change ☐ Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LEDICASKAS, ALICE 1017 CALVIN ST LEHIGH ACRES FL 33936	4.1 TITLE ☐ Change ☐ Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P DAVIS, ROBERT PASTOR 14 RICHMOND AVE. N. LEHIGH ACRES FL 33936	5.1 TITLE ☐ Change ☐ Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		6.1 TITLE ☐ Change ☐ Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Robert C Davis Robert C Davis 4/13/95 1-817-369-1615
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (MAY/STATE #)