

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2001 8:00 am
Secretary of State
 05-03-2001 91102 029 ****61.25

DOCUMENT # N92000000598

1. Entity Name

FIRST COMMUNITY CONGREGATIONAL UNITED CHURCH OF CHRIST

Principal Place of Business Mailing Address
200 E LEELEND HEIGHTS BLVD. **BOX 657**
LEHIGH ACRES FL 33936 **LEHIGH ACRES FL 33936**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1969598

Applied For

Not Applicable

Zip

Country

Zip

Country

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

BAKER, RICHARD W.
14 RICHMOND AVE. N.
LEHIGH ACRES FL 33936

Name

Mary Ellen Rupert

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

515 Pennview Ave.

Lehigh Acres, FL 33936

City

FL

Zip Code

33936

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

Mary Ellen Rupert

Mary Ellen Rupert, President

2/26/01

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 **V** ☒ Delete
 NAME **HORGAN-BAKER, SUSAN**
 STREET ADDRESS **14 RICHMOND AVE. N.**
 CITY-ST-ZIP **LEHIGH ACRES FL 33936**

TITLE ☐ Change ☒ Addition
 NAME **President**
 STREET ADDRESS **Mary Ellen Rupert**
 CITY-ST-ZIP **515 Pennview Ave. Lehigh Acres, DL 33936**

TITLE **D** ☒ Delete
 NAME **ELLIS, RUEL(BOB)**
 STREET ADDRESS **10749 LEMONTREE CT**
 CITY-ST-ZIP **LEHIGH ACRES FL 33936**

TITLE ☐ Change ☒ Addition
 NAME **Director**
 STREET ADDRESS **Lee Roeseler**
 CITY-ST-ZIP **404 Parkside St. Lehigh Acres, DL 33936**

TITLE **D** ☒ Delete
 NAME **SOLIDAY, EUGENE**
 STREET ADDRESS **2 E. GREENS**
 CITY-ST-ZIP **LEHIGH ACRES FL 33972**

TITLE ☒ Change ☒ Addition
 NAME **Secretary**
 STREET ADDRESS **Betty Eggleston**
 CITY-ST-ZIP **418 Broadway Ave. Lehigh Acres, FL 33972**

TITLE **T/D** ☐ Delete
 NAME **STICKLE, DON**
 STREET ADDRESS **289 GROUND DOVE CIRCLE**
 CITY-ST-ZIP **LEHIGH ACRES FL**

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

TITLE **P** ☐ Delete
 NAME **BAKER, RICHARD W.**
 STREET ADDRESS **14 RICHMOND AVE. N.**
 CITY-ST-ZIP **LEHIGH ACRES FL 33936**

TITLE ☐ Change ☒ Addition
 NAME **Director**
 STREET ADDRESS **Jim Kirkham**
 CITY-ST-ZIP **202 S. Lake Dr. Lehigh Acres, FL 33936**

TITLE **T** ☐ Delete
 NAME **DREISBACH, LENORE**
 STREET ADDRESS **P O BOX 2032, 8 ELDER ST**
 CITY-ST-ZIP **ALVA FL 33920**

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:

MARY ELLEN RUPERT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Mary Ellen Rupert, P**

Date **2/26/01** 36 Phone #

0071163

CR2E037 (10/00)