

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N92000000598

1. Entity Name

FIRST COMMUNITY CONGREGATIONAL UNITED CHURCH OF CHRIST, INC.

Principal Place of Business

200 E LEELAND HEIGHTS BLVD.  
LEHIGH ACRES FL 33936

Mailing Address

BOX 657  
LEHIGH ACRES FL 33936

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

59-1969598

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

Mary  
RUPERT, MARY E  
515 PENNVIEW AVE  
LEHIGH ACRES FL 33936

7. Name and Address of New Registered Agent

Name Rev. Kenneth J. Briggs  
Street Address (P.O. Box Number is Not Acceptable)  
14 Richmond Ave. N.  
City Lehigh Acres FL 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

Signature, typed or printed name of registered agent and filer 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

|                |                          |  |
|----------------|--------------------------|--|
| TITLE          | P                        | <input type="checkbox"/> Delete            |
| NAME           | RUPERT, MARY ELLEN       |  |
| STREET ADDRESS | 515 PENNVIEW AVE         |  |
| CITY-ST-ZIP    | LEHIGH ACRES FL 33936    |  |
| TITLE          | D                        | <input type="checkbox"/> Delete            |
| NAME           | ROESLER, LEE             |  |
| STREET ADDRESS | 404 PARKSIDE STREET      |  |
| CITY-ST-ZIP    | LEHIGH ACRES FL 33936    |  |
| TITLE          | S                        | <input type="checkbox"/> Delete            |
| NAME           | EGGLESTON, BETTY         |  |
| STREET ADDRESS | 418 BROADWAY AVE         |  |
| CITY-ST-ZIP    | LEHIGH ACRES FL 33972    |  |
| TITLE          | T                        | <input type="checkbox"/> Delete            |
| NAME           | STICKLE, DON             |  |
| STREET ADDRESS | 289 GROUND DOVE CIRCLE   |  |
| CITY-ST-ZIP    | LEHIGH ACRES FL          |  |
| TITLE          | D                        | <input checked="" type="checkbox"/> Delete |
| NAME           | KIRKHAM, JIM             |  |
| STREET ADDRESS | 202 S LAKE DRIVE         |  |
| CITY-ST-ZIP    | LEHIGH ACRES FL 33936    |  |
| TITLE          | T                        | <input checked="" type="checkbox"/> Delete |
| NAME           | DREISBACH, LENORE        |  |
| STREET ADDRESS | P O BOX 2032, 8 ELDER ST |  |
| CITY-ST-ZIP    | ALVA FL 33920            |  |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                |  |
|----------------|--|
| 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           |  |
| 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           |  |
| STREET ADDRESS |  |
| CITY-ST-ZIP    |  |
| TITLE          | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | Rev. Kenneth J. Briggs   |
| STREET ADDRESS | 14 Richmond Ave. N.  |
| CITY-ST-ZIP    | Lehigh Acres, FL 33936   |
| TITLE          | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | Harry Snyder   |
| STREET ADDRESS | 204 Richmond Ave. S.   |
| CITY-ST-ZIP    | Lehigh Acres, FL 33936   |

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:

Kenneth J. Briggs 5-2-02 941-368-1615

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)



DO NOT WRITE IN THIS SPACE