

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N93000002623**

1. Entity Name

FIRST CHRISTIAN CHURCH (DISCIPLES OF CHRIST) OF

Principal Place of Business

**1001 NORTHEAST KINGS HIGHWAY
HOMESTEAD FL 33030**

Mailing Address

**1001 NORTHEAST KINGS HIGHWAY
HOMESTEAD FL 33030**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

**AKERMAN, BARBARA J
1001 NORTHEAST KING HIGHWAY
HOMESTEAD FL 33030**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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 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

TITLE	D	<input type="checkbox"/> Delete
NAME	AKERMAN, JEAN	
STREET ADDRESS	14925 SOUTHWEST 297TH TERRACE	
CITY-ST-ZIP	LEISURE CITY FL 33033	

TITLE	T	<input type="checkbox"/> Delete
NAME	SWEENEY, MARY	
STREET ADDRESS	1501 NW 20TH ST	
CITY-ST-ZIP	HOMESTEAD FL 33030	

TITLE	D	<input type="checkbox"/> Delete
NAME	JORDAN, RUBY	
STREET ADDRESS	1525 FLAMINGO COURT	
CITY-ST-ZIP	HOMESTEAD FL 33035	

TITLE	PD	<input type="checkbox"/> Delete
NAME	ELMORE, STEVE	
STREET ADDRESS	103 NE 15 ST	
CITY-ST-ZIP	HOMESTEAD FL 33030	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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
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STREET ADDRESS		
CITY-ST-ZIP		

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 all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Apr 27, 2001 8:00 am
Secretary of State

04-27-2001 90329 042 *****61.25



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-1031401**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

CR2E037 (10/00)