

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 25, 2002 8:00 am
Secretary of State

02-25-2002 90072 036 ****61.25

00033864



DO NOT WRITE IN THIS SPACE

DOCUMENT # N93000002623

1. Entity Name

**FIRST CHRISTIAN CHURCH (DISCIPLES OF CHRIST) OF
 HOMESTEAD, INC.**

Principal Place of Business

Mailing Address

**1001 NORTHEAST KINGS HIGHWAY
 HOMESTEAD FL 33030**

**1001 NORTHEAST KINGS HIGHWAY
 HOMESTEAD FL 33030**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1031401

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

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
 NAME **D**
AKERMAN, JEAN
 STREET ADDRESS **14925 SOUTHWEST 297TH TERRACE**
 CITY-ST-ZIP **LEISURE CITY FL 33033**

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

TITLE ☐ Delete
 NAME **T**
SWEENEY, MARY
 STREET ADDRESS **15751 SW 252 Street**
 CITY-ST-ZIP **1601 NW 20TH ST HOMESTEAD FL 33030-33031**

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

TITLE ☐ Delete
 NAME **D**
JORDAN, RUBY
 STREET ADDRESS **1525 FLAMINGO COURT**
 CITY-ST-ZIP **HOMESTEAD FL 33035**

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

TITLE ☒ Delete
 NAME **PD**
ELMORE, STEVE
 STREET ADDRESS **103 NE 15 ST**
 CITY-ST-ZIP **HOMESTEAD FL 33030**

TITLE ☐ Change ☒ Addition
 NAME **PD**
Malley, Theresa
 STREET ADDRESS **1521 Flamingo Court**
 CITY-ST-ZIP **HOMESTEAD, FL 33035**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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:

SIGNATURE REQUIRED
E. Sweeney

2/8/02 (305) 245-2015

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E037 (9/01)