

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 17, 2000 8:00 am**  
**Secretary of State**

07-17-2000 90082 025 \*\*\*\*61.25

**DOCUMENT # 707300**

1. Entity Name

**THE SEA GATE BAPTIST CHURCH OF NAPLES, FLORIDA, ✓**

Principal Place of Business

1010 WHIPPOORWILL LANE  
 NAPLES FL 34105

Mailing Address

1010 WHIPPOORWILL LANE  
 NAPLES FL 34105

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-1216867**

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

**ODOM, JAMES M.**  
**810 93RD AVE. N.**  
**NAPLES FL 34108**

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**  
**After September 13, 2000 min. will be \$236.25**

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	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>RAY, JIM</b>	
STREET ADDRESS	<b>3461 BOLERO WAY</b>	
CITY-ST-ZIP	<b>NAPLES FL 34105</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>KAMMERAAD, TIMOTHY</b>	
STREET ADDRESS	<b>5220 23RD PLACE, S.W.</b>	
CITY-ST-ZIP	<b>NAPLES FL 34116</b>	
TITLE	<b>PO</b>	<input type="checkbox"/> Delete
NAME	<b>ODOM, JAMES M.</b>	
STREET ADDRESS	<b>810 93RD AVE N</b>	
CITY-ST-ZIP	<b>NAPLES FL 34108</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>BOSWELL, ALLEN</b>	
STREET ADDRESS	<b>541 GOLDEN GATE BLVD.</b>	
CITY-ST-ZIP	<b>NAPLES FL 34120</b>	
TITLE	<b>T</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>BOCOCK, ROBERT</b>	
STREET ADDRESS	<b>140 17TH ST. S.W.</b>	
CITY-ST-ZIP	<b>NAPLES FL 34117</b>	
TITLE		<input type="checkbox"/> Delete
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		
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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:** *D. S. COCKE* **JAMES M. ODOM** **7-7-00** **941-261-0122**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (5/00)