

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 06, 2001 8:00 am
Secretary of State

09-06-2001 90270 013 ****61.25

DOCUMENT # 707300

1. Entity Name

THE SEA GATE BAPTIST CHURCH OF NAPLES, FLORIDA,



Principal Place of Business

Mailing Address

1010 WHIPPOORWILL LANE
 NAPLES FL 34105

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



DO NOT WRITE IN THIS SPACE

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 12, 2001, 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

T
RAY, JIM Delete
 STREET ADDRESS **3481 BOLERO WAY**
 CITY-ST-ZIP **NAPLES FL 34105**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

T
KAMMERAAD, TIMOTHY Delete
 STREET ADDRESS **5220 23RD PLACE, S.W.**
 CITY-ST-ZIP **NAPLES FL 34116**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

PD
ODOM, JAMES M. Delete
 STREET ADDRESS **810 93RD AVE N**
 CITY-ST-ZIP **NAPLES FL 34108**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

T
BOSWELL, ALLEN Delete
 STREET ADDRESS **541 GOLDEN GATE BLVD.**
 CITY-ST-ZIP **NAPLES FL 34120**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

Delete

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

Delete

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:

[Handwritten Signature]
REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/01)