

**2000 UNIFORM BUSINESS REPORT (UBR)**

1/2

**FILED**  
**Apr 24, 2000 8:00 am**  
**Secretary of State**

01-25-2000 90111 043 \*\*\*\*61.25

**DOCUMENT # 711158**

1. Entity Name

**SOUTH SIDE CHRISTIAN CHURCH OF FORT MYERS, FLORI**

Principal Place of Business 7800 COLLEGE PKWY FORT MYERS FL 33907	Mailing Address 7800 COLLEGE PKWY. FORT MYERS FLA 33907-5552
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number **59-2131651** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

**FORSLUND, WAYNE**  
**1415 SANTA BARBARA AVE**  
**FT MYERS FL 33901**

7. Name and Address of New Registered Agent

Name **Fuller, J.H.**  
 Street Address (P.O. Box Number is Not Acceptable) **1420 Manuels Drive**  
 City **Fort Myers** FL Zip Code **33901**

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 **1/18/00**

**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	<b>D D</b>	<input type="checkbox"/> Delete
NAME	<b>FULLER, J.H.</b>	
STREET ADDRESS	<b>1420 MANUELS DRIVE</b>	
CITY-ST-ZIP	<b>FT MYERS FL</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> Delete
NAME	<b>ADAMS, MIKE</b>	
STREET ADDRESS	<b>9189 HAMLIN DRIVE EAST</b>	
CITY-ST-ZIP	<b>FORT MYERS FL</b>	
TITLE	<b>T</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>FORSLUND, WAYNE</b>	
STREET ADDRESS	<b>1415 SANTA BARBARA AVE.</b>	
CITY-ST-ZIP	<b>FORT MYERS FL</b>	
TITLE	<b>O D</b>	<input type="checkbox"/> Delete
NAME	<b>SPEARMAN, TOM</b>	
STREET ADDRESS	<b>8542 S. LAKE CIR</b>	
CITY-ST-ZIP	<b>FORT MEYERS FL 33908</b>	
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
NAME		
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 **1/18/00**

Daytime Phone #