

2001 UNIFORM BUSINESS REPORT (UBR)

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FILED
Apr 02, 2001 8:00 am
Secretary of State

02-15-2001 90079 034 ****61.25

DOCUMENT # 711158

1. Entity Name
SOUTH SIDE CHRISTIAN CHURCH OF FORT MYERS, FLORI

Principal Place of Business Mailing Address
7800 COLLEGE PKWY 7800 COLLEGE PKWY
FORT MYERS FL 33907 FORT MYERS FL 33907

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.
City & State City & State

Zip Country Zip Country

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
FULLER, JH
1420 MANUELS DR
FORT MYERS FL 33901

7. Name and Address of New Registered Agent
Name **Mike Adams**
Street Address (P.O. Box Number is Not Acceptable)
9189 Hamlin Drive East
City **Fort Myers** FL Zip Code **33912**

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 *Mike Adams* DATE **3/21/01**
Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$81.25 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 NAME STREET ADDRESS CITY-ST-ZIP	D FULLER, JH 1420 MANUELS DRIVE FL MYERS FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Elder LaFontaine, Chuck 9200 Bayberry Bend #203 Fort Myers, FL 33908 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ADAMS, MIKE 9189 HAMLIN DRIVE EAST FORT MYERS FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Elder Reid, Jim 1579 Reynard Drive Fort Myers, FL 33919 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DD SPEARMAN, TOM 8542 S. LAKE CIR FORT MYERS FL 33908 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Elder Terriacco, Gene 1526 Reynard Drive Fort Myers, FL 33919 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 I am empowered.
SIGNATURE: *Tom Spearman* DATE: **3/21/01** DAYTIME PHONE: **1-941-489-5211**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GREGORY (10/00)