

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 711578

1. Entity Name

ST. LUKE'S EPISCOPAL CHURCH OF FORT MYERS, INC.

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90058 015 ****61.25

Principal Place of Business 2635 CLEVELAND AVE FORT MYERS FL 33901	Mailing Address 2635 CLEVELAND AVE FORT MYERS FLA 33901-5803
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-0774200	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

KOEHLER, REV. R. BRIEN
 2635 CLEVELAND AVE.
 FT MYERS FL 33901

7. Name and Address of New Registered Agent

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 _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS

TITLE	C	<input checked="" type="checkbox"/> Delete
NAME	MILLOTT, RODGER	
STREET ADDRESS	560 20TH TERRACE, NW	
CITY-ST-ZIP	CAPE CORAL FL 33909	
TITLE	D	<input type="checkbox"/> Delete
NAME	LEAKE, H	
STREET ADDRESS	1375 SAUTERN DR	
CITY-ST-ZIP	FORT MYERS FL 33919	
TITLE	T	<input type="checkbox"/> Delete
NAME	BULL, DAVID M, JR	
STREET ADDRESS	2581 STYLES RD.	
CITY-ST-ZIP	ALVA FL	
TITLE	C	<input type="checkbox"/> Delete
NAME	KOEHLER, R B REV	
STREET ADDRESS	2635 CLEVELAND AVE.	
CITY-ST-ZIP	FT. MYERS FL	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	CARROLL, MICHAEL	
STREET ADDRESS	2312 WOODLAND TERRACE	
CITY-ST-ZIP	FT MYERS FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLOTT, ROBERT	
STREET ADDRESS	560 20TH TERRACE, NW	
CITY-ST-ZIP	CAPE CORAL, FL 33909	
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	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHOEMAKER, CAROLYN	
STREET ADDRESS	2915 MAGNOLIA ST	
CITY-ST-ZIP	FT. MYERS, FL 33901	
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: _____ Date _____ Daytime Phone # _____
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/99)