

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 20, 2001 8:00 am**  
**Secretary of State**

06-20-2001 90004 007 \*\*\*\*61.25

00010000

DO NOT WRITE IN THIS SPACE

DOCUMENT # 716462  
 1. Entity Name  
 The First Baptist Church of Buckingham, Incorporated

Principal Place of Business: 12880 Orange River Blvd, Ft. Myers, FL 33905  
 Mailing Address: % Bowers Accounting, 205 E. Joel Blvd #110, Lehigh Acres, FL 33922-0202

2. Principal Place of Business: Suite, Apt. #, etc.  
 3. Mailing Address: % Bowers Accounting, Suite, Apt. #, etc.  
 P.O. Box 159  
 City & State: Lehigh Acres, FL  
 Zip: 33970, Country: USA

4. FEI Number: 59-6499399  
 Applied For: Not Applicable  
 5. Certificate of Status Desired:  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 Beeler, Wayne  
 3414 15th St. West  
 Lehigh Acres, FL 33971

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)

9. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees  
 FILE NOW: FEE IS \$61.25  
 Make Check Payable to Department of State

| 10. OFFICERS AND DIRECTORS |                        |                                 |
|----------------------------|------------------------|---------------------------------|
| TITLE                      | TD Robert Bowers       | <input type="checkbox"/> Delete |
| NAME                       | 314 Vermont Way        |                                 |
| STREET ADDRESS             | Lehigh Acres, FL 33936 |                                 |
| CITY-ST-ZIP                |                        |                                 |
| TITLE                      | D Verde Parker         | <input type="checkbox"/> Delete |
| NAME                       | 45 Williamson Rd.      |                                 |
| STREET ADDRESS             | Ft. Myers, FL 33901    |                                 |
| CITY-ST-ZIP                |                        |                                 |
| TITLE                      | D Dottie Wooten        | <input type="checkbox"/> Delete |
| NAME                       | 14811 E HAL CT         |                                 |
| STREET ADDRESS             | Ft Myers, FL 33901     |                                 |
| CITY-ST-ZIP                |                        |                                 |
| TITLE                      |                        | <input type="checkbox"/> Delete |
| NAME                       |                        |                                 |
| STREET ADDRESS             |                        |                                 |
| CITY-ST-ZIP                |                        |                                 |
| 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   |  |   |
| 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: \_\_\_\_\_ 0-14-01 941-368-1575