2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2000 8:00 am
Secretary of State
02-14-2000 90171 011 ****61.25

DOCUMENT # 751540

Entity Name

CORAL RIDGE BAPTIST CHURCH OF CAPE CORAL, INC.

Principal Place of Business	Mailing Address
NE 6TH ST. CORAL FL 33909	1723 NE 6TH ST. CAPE CORAL FL 33909-2222

DO NOT WRITE IN THIS SPACE

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

4. FEI Number 59-2468821 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SANDERS, DONALD E 53 NE 15TH CT CAPE CORAL FL 33909	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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	9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees	**Make Check Payable to Department of State**

OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	DT ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	WILSON, LARRY	NAME	
STREET ADDRESS	13630 WILLOW BRIDGE DRIVE	STREET ADDRESS	
CITY-ST-ZIP	N FT. MYERS FL	CITY-ST-ZIP	
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	DAUBENSPECK, KENNETH	NAME	
STREET ADDRESS	1113 SE 21ST ST.	STREET ADDRESS	
CITY-ST-ZIP	CAPE CORAL, FL 0	CITY-ST-ZIP	
TITLE	CD ☒ Delete	TITLE	C/D ☐ Change ☒ Addition
NAME	CARRAHER, JAMES B	NAME	Charles K. Knight
STREET ADDRESS	17692 ACACIA DRIVE	STREET ADDRESS	2118 S.E. 3rd Street
CITY-ST-ZIP	N. FORT MYERS FL 33917	CITY-ST-ZIP	Cape Coral, FL 33990
TITLE	S ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	NASH, MARY ELLEN	NAME	
STREET ADDRESS	1903 NE 5TH TERR.	STREET ADDRESS	
CITY-ST-ZIP	CAPE CORAL FL	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E037 (9/99)

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: Charles K. Knight SIGNATURE REQUIRED Charles K. Knight 1-31-2000 941-772-3627
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #