

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**


**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 91147 025 \*\*\*\*61.25

0101645

**DOCUMENT # N00000006861**

1. Entity Name  
**FISHERS OF MEN BIBLE CHURCH, INC.**



Principal Place of Business      Mailing Address  
**20655 TAMiami TRAIL**      **20655 TAMiami TRAIL**  
**UNIT 1-A**      **UNIT 1-A**  
**VENICE FL 34293**      **VENICE FL 34293**

2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.      **4730 Heron Rd**  
**2390 Seaboard Ave**      Suite, Apt. #, etc.

City & State      City & State  
**Venice FL**      **Venice FL**

Zip      Country      Zip      Country  
**34293**      **Sarasota**      **34293**      **Sarasota**

4. FEI Number **65-1049834**      Applied For  
 Not Applicable

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

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**MCCLELAND, JAMES J**  
**4730 HERON ROAD**  
**VENICE FL 34293**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE James J McCleland      DATE **5-1-03**

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.       **\$5.00 May Be Added to Fees**

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>MCCLELAND, JAMES J</b>	
STREET ADDRESS	<b>4730 HERON ROAD</b>	
CITY-ST-ZIP	<b>VENICE FL 34293</b>	
TITLE	<b>VPT</b>	<input type="checkbox"/> Delete
NAME	<b>MCCLELAND, LYNETTE E</b>	
STREET ADDRESS	<b>4730 HERON ROAD</b>	
CITY-ST-ZIP	<b>VENICE FL 34293</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>MILLER, JAN</b>	
STREET ADDRESS	<b>1753 BONYAN DRIVE</b>	
CITY-ST-ZIP	<b>VENICE FL 34293</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>REED, DOROTHY</b>	
STREET ADDRESS	<b>1498 BAYSHORE DRIVE</b>	
CITY-ST-ZIP	<b>ENGLEWOOD FL 34223</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>MLECZEWSKI, DOLORES J</b>	
STREET ADDRESS	<b>301 B. BUENA VISTA AVENUE</b>	
CITY-ST-ZIP	<b>SARASOTA FL 34243</b>	
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: James J McCleland      DATE: **5-1-03**      PHONE: **941-492-9695**

**SIGNATURES REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E037 (10/02)