2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # **N17185** Mar 03, 2000 8:00 am **Secretary of State** ST. JOSEPH'S EPISCOPAL CHURCH OF LEE COUNTY. INC 03-03-2000 90028 014 ****61.25 Mailing Address Principal Place of Business 19800 ALLAIRE LANE 19800 ALLAIRE LANE FT MYERS FL 33908-4828 FT MYERS FL 33908-1828 በበበተፈላሳ፣ 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-2765787 Not Applicable Zip Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) CARTER, VIRGINIA Susan Kamerer 18367 USEPPA RD 17595 Osprey Inlet Ct. 17595 Osprey Inlet Ct. FT. MYER8 FL 33912 Ft. Myers, FL 33908-6120 City **F** Zip Code 33908-6120 Myers 8. The above this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida. SIGNATURE DATE (NOTE. Registered Agent signature required when reinstating) Signature, typed or orinted name of registered agent and title if applicable 9. Election Campaign Financing \$5.00 May Be Make Check Payable to **FILE NOW:** Trust Fund Contribution. Department of State Added to Fees **FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. Addition TITLE Change Delete TITLE CARTER, VIRGINIA NAME The Rev. Joseph A. Vella, Jr. NAME STREET ADDRESS 13605 Eagle Ridge Dr. #1733 STREET ADDRESS 18367 USEPPA RD CITY-ST-ZIP CITY-ST-ZIP FT MEYERS FL 33912 Ft. Myers, FL 33912 ☐ Change Addition Delete TITI F TITLE Т WASHBURN, DAVID NAME Gail Gelak STREET ADDRESS STREET ADDRESS 12691 CHARTWELL DR 4116 Country Club Blvd. CITY-ST-ZIP CITY-ST-ZIP FT MEYERS FL 33912 Cape Coral, FL 33904 Addition TITLE ☐ Change TITLE ▼ Delete ANDERSON, NORMA NAME NAMÉ 18114 MATANZAS STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FORT MYERS FL X Addition ☐ Change ☐ Delete TITLE TITLE MCMAHN, GEORGE NAME NAME Debbie DeFrancesco STREET ADDRESS STREET ADDRESS 17452 BUTLER RD 17557 Duquesne Rd CITY-ST-ZIP CITY-ST-ZIP FT MEYERS FL 33912 Ft. Myers, FL 33912-2974 Addition Change TITLE ☐ Delete NAME KIBBEY, KEITH NAME STREET ADDRESS STREET ADDRESS 18508 EAST SHORE DR CITY-ST-ZIP CITY-ST-ZIP FORT MYERS FL 33912 Change ☐ Addition ☐ Delete TITLE TITLE HAMILTON, MARLISA NAME NAME STREET ADDRESS STREET ADDRESS 18021 LAUREL VALLEY RD

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 proved.

CITY-ST-ZIP

SIGNATURE:

FT MEYERS FL 33912

CITY-ST-7IP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNATION OFFICER OR DIRECTOR

2-17-00 267-779