

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90050 019 ****61.25

DOCUMENT # N17185

1. Entity Name

ST. JOSEPH'S EPISCOPAL CHURCH OF LEE COUNTY, INC

Principal Place of Business

**19800 ALLAIRE LANE
 FT MYERS FL 33908-1828**

Mailing Address

**19800 ALLAIRE LANE
 FT MYERS FL 33908-1828**

2. Principal Place of Business

19691 Cypress View Drive

Suite, Apt. #, etc.
Fort Myers FL

City & State

Zip
33912

Country
USA

3. Mailing Address

19691 Cypress View Drive

Suite, Apt. #, etc.
Fort Myers FL

City & State

Zip
33912

Country
USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2765787

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**KAMERER, SUSAN
 17595 OSPREY INLET CT
 FORT MYERS FL 33908-6120**

7. Name and Address of New Registered Agent

Name **Bridget Riddle**

Street Address (P.O. Box Number is Not Acceptable)

19691 Cypress View Drive

City **Fort Myers**

FL

Zip Code
33912

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

Bridget Riddle

(NOTE: Registered Agent signature required when reinstating)

DATE

4-27-01

**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**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **M** ☒ Delete
 NAME **VELLA, JOSEPH A REV**
 STREET ADDRESS **13605 EAGLE RIDGE DR. #1733**
 CITY-ST-ZIP **FORT MYERS FL 33912**

TITLE **P** ☐ Change ☒ Addition
 NAME **Adler, John S. The V. Rev**
 STREET ADDRESS **1406 S. Larkwood Square**
 CITY-ST-ZIP **Fort Myers, FL 33919**

TITLE **T** ☒ Delete
 NAME **GELAK, GAIL**
 STREET ADDRESS **4116 COUNTRY CLUB BLVD**
 CITY-ST-ZIP **CAPE CORAL FL 33904**

TITLE **T** ☐ Change ☒ Addition
 NAME **David Washburn**
 STREET ADDRESS **12691 Chartwell Drive**
 CITY-ST-ZIP **Fort Myers, FL 33912**

TITLE **D** ☒ Delete
 NAME **DEFRANCESCO, DEBBIE**
 STREET ADDRESS **17557 DUQUESNE**
 CITY-ST-ZIP **FORT MYERS FL 33912-2974**

TITLE **D** ☐ Change ☒ Addition
 NAME **DonnaLee Washburn**
 STREET ADDRESS **12691 Chartwell Drive**
 CITY-ST-ZIP **Fort Myers, FL 33912**

TITLE **D** ☒ Delete
 NAME **MICHAH, GEORGE**
 STREET ADDRESS **17452 BUTLER RD**
 CITY-ST-ZIP **FT MEYERS FL 33912**

TITLE **VP** ☐ Change ☒ Addition
 NAME **Curtis Johnson**
 STREET ADDRESS **12804 Kedleston Circle**
 CITY-ST-ZIP **Fort Myers, FL 33912**

TITLE **M** ☐ Delete
 NAME **KIBBEY, KEITH**
 STREET ADDRESS **18508 EAST SHORE DR**
 CITY-ST-ZIP **FORT MYERS FL 33912**

TITLE **D** ☒ Change ☐ Addition
 NAME **Keith Kibbey**
 STREET ADDRESS **18508 East Shore Drive**
 CITY-ST-ZIP **Fort Myers, FL 33912**

TITLE **D** ☒ Delete
 NAME **HAMILTON, MARLISA**
 STREET ADDRESS **18021 LAUREL VALLEY RD**
 CITY-ST-ZIP **FT MEYERS FL 33912**

TITLE **D** ☐ Change ☒ Addition
 NAME **Carol Johnson**
 STREET ADDRESS **12804 Kedleston Circle**
 CITY-ST-ZIP **Fort Myers FL 33912**

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:

KEITH KIBBEY

4-28-01

941-278-7070

CR2E037 (10/00)