2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 01, 2002 8:00 am
Secretary of State
04-01-2002 90621 033 ****61.25

0046539

DOCUMENT # N17185 NIC

1. Entity Name
Lamb of God
~~ST. JOSEPH'S~~ EPISCOPAL CHURCH OF LEE COUNTY, INC

Principal Place of Business	Mailing Address
19691 CYPRESS VIEW DRIVE FORT MYERS FL 33912	19691 CYPRESS VIEW DRIVE FORT MYERS FL 33912

[redacted]

DO NOT WRITE IN THIS SPACE

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

4. FEI Number 59-2765787 ☐ 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
RIDDLE, BRIDGET 19691 CYPRESS VIEW DRIVE FORT MYERS FL 33912	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 Bridget Riddle 3-12-02
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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P ADLER, JOHN S 1406 S LARKWOOD SQUARE FORT MYERS FL 33919	☒ Delete	TITLE P NAME Johnson, Curtis STREET ADDRESS 12804 Kedleston Circle CITY-ST-ZIP Fort Myers, FL 33912	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T WASHBURN, DAVID 12691 CHARTWELL DRIVE FORT MYERS FL 33912	☐ Delete	TITLE VP NAME Betsey Brooks STREET ADDRESS 17428 Duquesne Rd CITY-ST-ZIP Fort Myers, FL 33912	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WASHBURN, DONNALEE 12691 CHARTWELL DRIVE FORT MYERS FL 33912	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP JOHNSON, CURTIS 12804 KEDLESTON CIRCLE FORT MYERS FL 33912	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KIBBEY, KEITH 18508 EAST SHORE DR FORT MYERS FL 33912	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JOHNSON, CAROL 12804 KEDLESTON CIRCLE FORT MYERS FL 33912	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (9/01)

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: Dana Washburn REQUIRED March 11, 2002 941-267-3575
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #