

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

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90133 023 ****61.25

DOCUMENT # N17185

1. Entity Name

LAMB OF GOD EPISCOPAL CHURCH OF LEE COUNTY, INC.



Principal Place of Business

**19691 CYPRESS VIEW DRIVE
FORT MYERS FL 33912**

Mailing Address

**19691 CYPRESS VIEW DRIVE
FORT MYERS FL 33912**

10098128



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2765787**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

SIGNATURE *Bridget Riddle*
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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **VP** ☒ Delete
NAME **BROOKS, BETSEY**
STREET ADDRESS **17428 DUQUESNE RD**
CITY-ST-ZIP **FORT MYERS FL 33912**

TITLE **D** ☐ Change ☒ Addition
NAME **Lutz, William**
STREET ADDRESS **20894 Country Barn Dr.**
CITY-ST-ZIP **Estero, FL 33928**

TITLE **T** ☐ Delete
NAME **WASHBURN, DAVID**
STREET ADDRESS **12691 CHARTWELL DRIVE**
CITY-ST-ZIP **FORT MYERS FL 33912**

TITLE **P** ☒ Change ☐ Addition
NAME **Washburn, David**
STREET ADDRESS **12750 Chardon Ct**
CITY-ST-ZIP **Fort Myers, FL 33912**

TITLE **D** ☐ Delete
NAME **WASHBURN, DONNALEE**
STREET ADDRESS **12691 CHARTWELL DRIVE**
CITY-ST-ZIP **FORT MYERS FL 33912**

TITLE **D** ☒ Change ☐ Addition
NAME **Washburn, DonnaLee**
STREET ADDRESS **12350 Chardon Ct**
CITY-ST-ZIP **Fort MYERS, FL 33912**

TITLE **P** ☒ Delete
NAME **JOHNSON, CURTIS**
STREET ADDRESS **12804 KEDLESTON CIRCLE**
CITY-ST-ZIP **FORT MYERS FL 33912**

TITLE **D** ☐ Change ☐ Addition
NAME **Young, Dennis**
STREET ADDRESS **PO BOX 07353**
CITY-ST-ZIP **FT. MYERS, FL 33917**

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

TITLE **T** ☐ Change ☒ Addition
NAME **Gregg Hamilton**
STREET ADDRESS **11469 Pembroke Run**
CITY-ST-ZIP **Estero FL 33928**

TITLE **D** ☐ Delete
NAME **JOHNSON, CAROL**
STREET ADDRESS **12804 KEDLESTON CIRCLE**
CITY-ST-ZIP **FORT MYERS FL 33912**

TITLE **VP** ☒ Change ☐ Addition
NAME **Johnson, Carol**
STREET ADDRESS **12804 Kedleston Cir.**
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: *David Washburn*

April 28, 2003

CR2E037 (10/02)