

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 23, 2000 8:00 am
Secretary of State

02-23-2000 90019 009 ****61.25

DOCUMENT # N41919
 1. Entity Name
ALL SOULS EPISCOPAL CHURCH, INC.

Principal Place of Business Mailing Address
 14640 N CLEVELAND AVE 14640 N CLEVELAND AVE
 NORTH FORT MYERS FL 33903 NORTH FORT MYERS FL 33903-3806
 US US

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

4. FEI Number Applied For
NOT APPLICABLE Not Applicable

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
JOHNSON, E J
1637 SWAN TERRACE
NORTH FORT MYERS FL 33903

7. Name and Address of New Registered Agent
 Name: **Richard D. Yerian**
 Street Address (P.O. Box Number is Not Acceptable): **584 Sir Walter's Way**
North Fort Myers
 City: **FL** Zip Code: **33917**

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: *Richard D. Yerian* **Richard D. Yerian, Director** 2-9-00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

FILE NOW: FEE IS \$61.25 **Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: D <input checked="" type="checkbox"/> Delete	NAME: JOHNSON, E J	TITLE: D <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME: Yerian, Richard D.
STREET ADDRESS: 1637 SWAN TERR	CITY-ST-ZIP: N FT MYERS FL 33903	STREET ADDRESS: 584 Sir Walter's Way	CITY-ST-ZIP: N.Ft. Myers FL 33917
TITLE: T <input type="checkbox"/> Delete	NAME: CHAMBERLIN, GARWOOD	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 5516 SAN LUIS DR.	CITY-ST-ZIP: N. FT. MYERS FL 33903	STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition	CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: S <input type="checkbox"/> Delete	NAME: VAN WAGNER, ARLYN	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 18517 TULIP RD	CITY-ST-ZIP: FORT MYERS FL 33912	STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition	CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D <input type="checkbox"/> Delete	NAME: PHILLIPS, ROBERT J	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 1839 HANCOCK BRIDGE PKWY	CITY-ST-ZIP: CAPE CORAL FL 33990	STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition	CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Garwood Chamberlin* **Garwood Chamberlin, Treasurer** 2-9-00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)