

2001 UNIFORM BUSINESS REPORT (UBR)

2/2

FILED
Mar 13, 2001 8:00 am
Secretary of State

02-28-2001 90016 045 ****61.25

DOCUMENT # N41919

1. Entity Name

ALL SOULS EPISCOPAL CHURCH, INC.

Principal Place of Business

14640 N CLEVELAND AVE
 NORTH FORT MYERS FL 33903
 US

Mailing Address

14640 N CLEVELAND AVE
 NORTH FORT MYERS FL 33903
 US

30708



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

YERIAN, RICHARD D
584 SIR WALTER'S WAY
FORT MYERS FL 33917

7. Name and Address of New Registered Agent

Name **Jim Johnson**

Street Address (Corporate Number is Not Acceptable)
1637 Swan Terrace

City **N. Ft. Myers**

33903 FL

Zip Code
33903

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

Jim Johnson, Sr. Warden

2-20-01

Signature (hand 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D YERIAN, RICHARD D 584 SIR WALTER'S WAY FORT MYERS FL 33917	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CHAMBERLIN, GARWOOD 5516 SAN LUIS DR. N. FT. MYERS FL 33903	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S VAN WAGNER, ARLYN 18517 TULIP RD FORT MYERS FL 33912	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PHILLIPS, ROBERT J 1839 HANCOCK BRIDGE PKWY CAPE CORAL FL 33990	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Jim Johnson 1637 Swan Terrace N. Ft. Myers 33903	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Andrew Jamison 16150 Bay Pointe Blvd B102 N. Ft. Myers FL 33917	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Sandy Smith 1448 Charles Road Ft. Myers, FL 33919	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Vigor Smith 1448 Charles Road Ft. Myers, FL 33919	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D The Rev. V Creighton Evans 1226 SW 1st Avenue Cape Coral, FL 33991	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

CR2E037 (10/00)

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:

Jim Johnson, Sr. Warden

2-20-01

941-997-7685

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #