

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 713800

1. Entity Name

FIRST BAPTIST CHURCH OF FORT MYERS BEACH, FLORID

Principal Place of Business

Mailing Address

P.O. BOX 2402
FT. MYERS BEACH FL 33932

P.O. BOX 2402
FT. MYERS BEACH FL 33932-2402

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

59-2495484

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

HOUSTON, JACK D
3810 ESTERO BLVD.
FT. MYERS BEACH FL 33931

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

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

T ☐ Delete
NAME JOHNSON, JERALD L
STREET ADDRESS 87 STEVENS BLVD
CITY-ST-ZIP FT MYERS FL

☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

T ☐ Delete
NAME GARDNER, JACK
STREET ADDRESS 460 DONORA
CITY-ST-ZIP FT MYERS FL 33931

☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

D ☐ Delete
NAME HOUSTON, JACK D
STREET ADDRESS 3810 ESTERO BLVD.
CITY-ST-ZIP FT MYERS FL

☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-11-00

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR21 017 1993