

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

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90195 014 ****61.25

DOCUMENT # N00000001476

1. Entity Name

THE DUNBAR GOSPEL ASSOCIATION OF SOUTHWEST FLORIDA, INC.



Principal Place of Business

**3155 EDISON AVE
FT MYERS FL 33916**

Mailing Address

**3155 EDISON AVE
FT MYERS FL 33916**

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 **65-1039821**

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**SHOEMAKER, VERONICA S
3510 DR MLK JR BLVD
FT MYERS FL 33916**

7. Name and Address of New Registered Agent

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

Veronica S. Shoemaker

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

1-14-2003

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

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **DENSON, JESSIE L**
CITY-ST-ZIP **3155 EDISON AVE
FT MYERS FL 33916**

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **DENSON, EVA MAE**
CITY-ST-ZIP **3155 EDISON AVE
FT MYERS FL 33916**

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **SHOEMAKER, VERONICA**
CITY-ST-ZIP **3510 DR MLK JR BLVD
FT MYERS FL 33916**

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **HALL, FANNIE M**
CITY-ST-ZIP **3767 HIGHLANDS AVE
FT MYERS FL 33916**

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **HILL, VIVIAN**
CITY-ST-ZIP **1550 HIGH ST
FT MYERS FL 33916**

TITLE ☒ Delete
NAME **D**
STREET ADDRESS **KNIGHT, LYNN**
CITY-ST-ZIP **4392 PALM BEACH BLVD
FT MYERS FL 33905**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

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

TITLE ☒ Change ☐ Addition
NAME **D ANTHONY A. CARTER**
STREET ADDRESS **866 CAYCE LN**
CITY-ST-ZIP **FT. MYERS, FL 33905**

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

Veronica S. Shoemaker

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-14-03

Date

Daytime Phone #