

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

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

02-21-2003 90236 003 ****61.25

DOCUMENT # 710639

1. Entity Name
UNITARIAN UNIVERSALIST CHURCH OF FORT MYERS, INC



Principal Place of Business

**13411 SHIRE LANE
FORT MYERS FL 33912
US**

Mailing Address

**13411 SHIRE LANE
FORT MYERS FL 33912
US**

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 **59-1160337**

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

**EBELINI, MARK A.
1625 HENDRY ST 3RD FLOOR
FT MYERS FL 33901**

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

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 **PD** ☐ Delete
NAME **PORTEUS, ED**
STREET ADDRESS **5341 COBALT CT**
CITY-ST-ZIP **CAPE CORAL FL 33904-5877**

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

TITLE **VPD** ☒ Delete
NAME **PORTER, JEAN**
STREET ADDRESS **3361 N. KEY DRIVE # 107**
CITY-ST-ZIP **NORTH FORT MYERS FL 33903**

TITLE ☒ Change ☒ Addition
NAME **Vice President Operations**
STREET ADDRESS **Landon Walston**
CITY-ST-ZIP **12617 Coconut Creek Ct.
Ft Myers, FL 33908**

TITLE **TD** ☒ Delete
NAME **RICHARDSON, ALLEN**
STREET ADDRESS **415 SW 7TH TERR**
CITY-ST-ZIP **CAPE CORAL FL 33991-6648**

TITLE ☐ Change ☒ Addition
NAME **VP Programming**
STREET ADDRESS **Ann Heckes**
CITY-ST-ZIP **15000 Bridgeway Lane # 201
Ft Myers, FL 33919-8442**

TITLE **SD** ☒ Delete
NAME **HECKES, HARVEY**
STREET ADDRESS **15000 BRIDGEWAY LANE # 201**
CITY-ST-ZIP **FORT MYERS FL 33919-8442**

TITLE ☐ Change ☒ Addition
NAME **Secretary**
STREET ADDRESS **Florence Pritchard**
CITY-ST-ZIP **13509 Island Rd
Ft Myers, FL 33905**

TITLE **VPD** ☐ Delete
NAME **STONE, ED**
STREET ADDRESS **16995 TIMBER LAKE DR**
CITY-ST-ZIP **FORT MYERS FL 33908-5323**

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

TITLE **VPD** ☐ Delete
NAME **MANNIX, BARBARA**
STREET ADDRESS **1713 BENT TREE CIRCLE**
CITY-ST-ZIP **FORT MYERS FL 33919-3457**

TITLE ☒ Change ☐ Addition
NAME **Treasurer**
STREET ADDRESS **Barbara Mannix**
CITY-ST-ZIP **905 Big Pine Way
Ft Myers, FL 33907**

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 REQUIRED

2/17/03 561-2700

CR2E037 (10/02)