

**2023 FLORIDA NOT FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# 722683

**Entity Name:** WINKLER ROAD BAPTIST CHURCH, INC.**Current Principal Place of Business:**5770 WINKLER ROAD  
FT MYERS, FL 33919**Current Mailing Address:**5770 WINKLER ROAD  
FT MYERS, FL 33919**FEI Number:** 59-1817886**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**HUNTE, DAVID F.  
307 SOUTH ROAD  
FT. MYERS, FL 33907 US*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:** DAVID F HUNTE

11/15/2023

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            TREASURER, TRUSTEE, DEACON  
Name           COREY, ARTHUR  
Address        8341 BEACON BLVD.  
City-State-Zip: FT. MYERS FL 33907

Title            TRUSTEE  
Name           STOUDT, WILLIAM  
Address        1515 SW 40TH TERRACE  
City-State-Zip: CAPE CORAL FL 33914

Title            DEACON  
Name           DOERSTLING, AXEL  
Address        9131 SOUTHMONT COVE #306  
City-State-Zip: FORT MYERS FL 33908

Title            DEACON  
Name           CRUMP, BEN  
Address        4709 JUNONIA CT  
City-State-Zip: FORT MYERS FL 33908

Title            BUSINESS MANAGER  
Name           SCHELL, JOHN J  
Address        2401 SW 27 AVE  
City-State-Zip: CAPE CORAL FL 33914

Title            DEACON  
Name           TARPLEY, STEVEN  
Address        21256 TOBAGO CIRCLE  
City-State-Zip: FORT MYERS FL 33905

Title            DEACON  
Name           CRADDOCK, JASON DR.  
Address        11431 BENT PINE DRIVE  
City-State-Zip: FORT MYERS FL 33913

Title            DEACON  
Name           HENDERSON, RANDALL SR.  
Address        4519 WINDJAMMER LANE A-1  
City-State-Zip: FORT MYERS FL 33919

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*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** JOHN J SCHELL**BUSINESS MANAGER**

11/15/2023

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title	DEACON
Name	WENDORF, JAMES DR.
Address	3335 GALAXY WAY
City-State-Zip:	NORTH FORT MYERS FL 33905