

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 27, 2000 8:00 am
Secretary of State

03-27-2000 90076 037 ****61.25

DOCUMENT # 701029

1. Entity Name

FIRST BAPTIST CHURCH, FORT MYERS, FLORIDA, INC.

Principal Place of Business

1735 JACKSON
 FORT MYERS FL 33901

Mailing Address

1735 JACKSON
 FORT MYERS FLA 33901-3029

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

59-0799901

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MCIVER, MIKE
 2271 FIRST ST #6
 FORT MYERS FL 33901

7. Name and Address of New Registered Agent

Name **DR ROBERT ANDERSON**
 Street Address (P.O. Box Number is Not Acceptable)
61 PALM TREE LANE
 City **FORT MYERS** FL Zip Code **33905**

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 *Dr. Robert Anderson*
 Signature, typed or printed name of registered agent and title if applicable.

Dr. Robert Anderson, Secretary 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	PD	<input type="checkbox"/> Delete
NAME	FRIERSON, ALBERT M.	
STREET ADDRESS	1200 KASAMADA	
CITY-ST-ZIP	FT MYERS, FL 00000 33919	
TITLE	SD	<input type="checkbox"/> Delete
NAME	SOLOMON, ELLIS	
STREET ADDRESS	2267 CLIFFORD STREET	
CITY-ST-ZIP	FT MEYERS FL 33901	
TITLE	VD	<input type="checkbox"/> Delete
NAME	COLCORD, THOMAS	
STREET ADDRESS	1451 CORDOVA AVENUE	
CITY-ST-ZIP	FT MYERS FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	UNDERWOOD, T FRED	
STREET ADDRESS	1410 CHARLES COURT	
CITY-ST-ZIP	FORT MYERS FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	HANSON, W. STANLEY JR.	
STREET ADDRESS	1325 SHADOW LANE	
CITY-ST-ZIP	FT MYERS FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	ANDERSON, ROBERT DR	
STREET ADDRESS	61 PALM TREE LANE	
CITY-ST-ZIP	FT MEYERS FL 33905	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALBERT M. FRIERSON	
STREET ADDRESS	20846 GLENEAGLES LINKS DR.	
CITY-ST-ZIP	ESTERO, FL 33928	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP	FT MYERS	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP	FT MYERS	

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: *Albert Frierson*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Albert Frierson, President** DATE **2-1-00**



DO NOT WRITE IN THIS SPACE