

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2002 8:00 am
Secretary of State
 02-26-2002 90141 014 ****61.25

DOCUMENT # 702322

1. Entity Name

TROPIC ISLES BAPTIST CHURCH INC

Principal Place of Business

4801 Orange Grove Blvd.
~~791 CAMELLIA DRIVE~~
NO FORT MYERS FL 33903

Mailing Address

4801 Orange Grove Blvd.
~~791 CAMELLIA DRIVE~~
NO FORT MYERS FL 33903

2. Principal Place of Business

4801 Orange Grove Blvd

3. Mailing Address

Same as place of business

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

N. Ft. Myers FL

City & State

FL

Zip

33903

Country

USA

Zip

33903

Country

USA

4. FEI Number

59-1533719

Applied For

☐ Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

CAMPBELL, ELWYN D

2012 POPE CT. 2556 Macon Circle
NORTH FORT MYERS FL 33903 33917

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.

SIGNATURE

Elwyn D. Campbell

2/4/02

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

TITLE **PD** ☐ Delete
 NAME **CAMPBELL, ELWYN D.**
 STREET ADDRESS **2012 POPE COURT 2556 Macon Circle**
 CITY-ST-ZIP **N. FORT MYERS FL 33917**

TITLE **TD** ☐ Delete
 NAME **KLINGSMITH, THOMAS L**
 STREET ADDRESS **966 ORANGE BLOSSOM LANE**
 CITY-ST-ZIP **NORTH FORT MYERS FL**

TITLE **SD** ☐ Delete
 NAME **ISELL, JAY B**
 STREET ADDRESS **3490 N. KEY DR., STE. 0412**
 CITY-ST-ZIP **NORTH FORT MYERS FL**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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
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 NAME
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 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

Elwyn D. Campbell

Date

Daytime Phone #

2/4/02 995-2521

CR2E037 (9/01)