

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 704988

1. Entity Name

FIRST BAPTIST CHURCH OF BONITA SPRINGS, INC.

Principal Place of Business

28440 MANGO DR.  
BONITA SPRINGS FL 34134  
US

Mailing Address

28440 MANGO DR  
BONITA SPRINGS FL 34134  
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

59-1085751

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

WILDER, JAMES  
4575 KEY LARGO LANE  
BONITA SPRINGS FL 34134

7. Name and Address of New Registered Agent

Name Daniel Iverson

Street Address (P.O. Box Number is Not Acceptable)

28440 Mango Drive

City

Bonita Springs

FL

Zip Code

34134

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

*[Signature]*

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

(NOTE: Registered Agent signature required when reinstating)

4-3-01

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 NAME STREET ADDRESS CITY-ST-ZIP	PT WILDER, JIM 4575 LARGO LANE BONITA SPGS. FL 34134	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PHILPOT, ED 9015 SOMERSET LN. BONITA SPRINGS FL 34135	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARVARD, ERNEST 27141 MORGAN RD BONITA SPGS. FL 34135	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HINGSON, LARRY 10400 TARRAH LN. BONITA SPRING FL 34135	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D UR, BOBBY 10400 TARRAH LN. BONITA SPRINGS FL 34135	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PARTIN, EARL 27514 LOS AMIGOS BONITA SPRINGS FL 34135	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT Crowe, Wendell 27451 Pollard Dr. Bonita Springs, FL 34135	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/4/01

Date

941 949-0333

Daytime Phone #

FILED  
Apr 10, 2001 8:00 am  
Secretary of State

04-10-2001 90139 042 \*\*\*\*61.25

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DO NOT WRITE IN THIS SPACE

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