

2000 UNIFORM BUSINESS REPORT (UBR)

4/

FILED
May 30, 2000 8:00 am
Secretary of State

04-24-2000 90132 022 ****61.25

DOCUMENT # 707085

1. Entity Name

CHILD EVANGELISM FELLOWSHIP OF LEE COUNTY, INC.

Principal Place of Business

1210 46TH LANE S. E.
 CAPE CORAL FL 33904

Mailing Address

P O BOX 981
 CAPE CORAL FL 33910-0990
 US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **59-1566042**

Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

JACKSON, GEORGE EDWARD
3164 AUBURN BLVD.
PORT CHARLOTTE FL 33948

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

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 **D** ☐ Delete
 NAME **JACKSON, GEORGE EDWARD**
 STREET ADDRESS **3164 AUBURN BLVD.**
 CITY-ST-ZIP **PORT CHARLOTTE FL 33948**

TITLE **CD** ☐ Delete
 NAME **MASON, SANDRA**
 STREET ADDRESS **899 IRIS DR**
 CITY-ST-ZIP **N. FT. MYERS FL 33903**

TITLE **TD** ☒ Delete
 NAME **VOSS, JAMES**
 STREET ADDRESS **2918 SW 11 PLACE**
 CITY-ST-ZIP **CAPE CORAL FL**

TITLE **T** ☐ Delete
 NAME **EUGENE FRANCIS**
 STREET ADDRESS **1501 NE 13TH ST**
 CITY-ST-ZIP **CAPE CORAL FL 33909**

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
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
 NAME **Eugene Francis T**
 STREET ADDRESS **1501 NE 13th ST**
 CITY-ST-ZIP **Cape Coral FL 33909**

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

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 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:

George Jackson **DIRECTOR**

415-00 941-945-0811

SIGNATURE AND TYPE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)