

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 24, 2001 8:00 am**  
**Secretary of State**

04-24-2001 90062 048 \*\*\*\*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 901~~  
 CAPE CORAL FL 33910  
 US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

*PO Box 100981*



DO NOT WRITE IN THIS SPACE

4. FEI Number

**59-1566042**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

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 <input checked="" type="checkbox"/> NAME	D JACKSON, GEORGE EDWARD 3164 AUBURN BLVD. PORT CHARLOTTE FL 33948	<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE <input checked="" type="checkbox"/> NAME	CD MASON, SANDRA 899 IRIS DR N. FT. MYERS FL 33903	<input checked="" type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE <input checked="" type="checkbox"/> NAME	T EUGENE, FRANCIS T 1501 NE 13TH ST CAPE CORAL FL 33909	<input checked="" type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE <input type="checkbox"/> NAME	D FRANCIS, EUGENE 1501 NE 13th ST. CAPE CORAL, FL 33909	<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE <input checked="" type="checkbox"/> NAME	CD PARSONS, ROBERT K. 15485-7 ADMIRALTY CIR.	<input checked="" type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE <input type="checkbox"/> NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE <input type="checkbox"/> NAME	CD PARSONS, ROBERT K. 15485-7 admiralty cir. N FT MYERS, FL 33917	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE <input type="checkbox"/> NAME	S GUDIKUNST, MARJORIE M. 3901 se 11th Pl. #102 CAPE CORAL, FL 33904	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE <input type="checkbox"/> NAME	T WALKER, KATHRYN O. 1636 SAVONA PKWY CAPE CORAL, FL 33904	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE <input type="checkbox"/> NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE <input type="checkbox"/> NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 legal empowered.

*Marjorie M. Gudikunst*

**SIGNATURE:**

*Marjorie M. Gudikunst*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4-16-01*

Date

*945-0811*

Daytime Phone #

CR2E037 (10/00)