

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 707507

1. Entity Name

BAPTIST FOUNDATION OF FORT MYERS, FLORIDA, INC.

FILED
Jan 20, 2000 8:00 am
Secretary of State

01-20-2000 90237 009 ****61.25

Principal Place of Business C/O JAMES T. HUMPHREY 1625 HENDRY STREET, SUITE 301 FORT MYERS FL 33901	Mailing Address C/O JAMES T. HUMPHREY 1625 HENDRY STREET, SUITE 301 FORT MYERS FL 33901-2969
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number 59-1947687	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HUMPHREY, JAMES T
 1625 HENDRY STREET, SUITE 301
 FORT MYERS FL 33901

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]
 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 <input type="checkbox"/> Delete
NAME	HOGAN, DILMUS D
STREET ADDRESS	5850 JEFFERY LN
CITY-ST-ZIP	FT MYERS FL 33907
TITLE	D <input type="checkbox"/> Delete
NAME	DECARLO, PAUL
STREET ADDRESS	1307 ALCAZAR AVE
CITY-ST-ZIP	FT MYERS FL 33901
TITLE	TD <input type="checkbox"/> Delete
NAME	NYCHYK, ANDY
STREET ADDRESS	2606 CORTEZ BLVD.
CITY-ST-ZIP	FT. MYERS FL 33901
TITLE	D <input type="checkbox"/> Delete
NAME	MILLER, WAYNE
STREET ADDRESS	1299 PLUMOSA DRIVE
CITY-ST-ZIP	FT. MYERS FL 33901
TITLE	PD <input type="checkbox"/> Delete
NAME	HUMPHREY, JAMES T
STREET ADDRESS	1625 HENDRY STREET, SUITE 301
CITY-ST-ZIP	FORT MYERS FL 33901
TITLE	VSD <input type="checkbox"/> Delete
NAME	CORNWELL, NAT
STREET ADDRESS	1248 COCONUT DRIVE
CITY-ST-ZIP	FORT MYERS FL 33901

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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 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	

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] **James T. Humphrey** 1-14-2000 (941) 334-2722
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)