

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 27, 2002 8:00 am**  
**Secretary of State**  
 05-27-2002 90295 004 \*\*\*\*61.25

**DOCUMENT # 707507**

1. Entity Name

**BAPTIST FOUNDATION OF FORT MYERS, FLORIDA, INC.**

Principal Place of Business

Mailing Address

C/O JAMES T. HUMPHREY  
 1625 HENDRY STREET, SUITE 301  
 FORT MYERS FL 33901

C/O JAMES T. HUMPHREY  
 1625 HENDRY STREET, SUITE 301  
 FORT MYERS FL 33901

2. Principal Place of Business

3. Mailing Address

**JAMES T. Humphrey**  
 Suite, Apt. #, etc.

**JAMES T. Humphrey**  
 Suite, Apt. #, etc.

**2201 Second ST.**

**2201 Second ST**

**FORT MYERS, FL**

**FORT MYERS, FL**

Zip  
**33901**

Country  
**LEE**

Zip  
**33901**

Country  
**LEE**



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-1947687**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name  
**Humphrey, JAMES T.**

Street Address (P.O. Box Number is Not Acceptable)  
**2201 Second ST**

**5th FLOOR**

City  
**FORT MYERS**

**FL**

Zip Code  
**33901**

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

**JAMES T. Humphrey**

**4-30-02**

(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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Delete  
 NAME **HOGAN, DILMUS D**  
 STREET ADDRESS **5850 JEFFERY LN**  
 CITY-ST-ZIP **FT MYERS FL 33907**

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

TITLE **D** ☐ Delete  
 NAME **DECARLO, PAUL**  
 STREET ADDRESS **1307 ALCAZAR AVE**  
 CITY-ST-ZIP **FT MYERS FL 33901**

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

TITLE **TD** ☐ Delete  
 NAME **NYCHYK, ANDY**  
 STREET ADDRESS **2606 CORTEZ BLVD.**  
 CITY-ST-ZIP **FT. MYERS FL 33901**

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

TITLE **D** ☐ Delete  
 NAME **MILLER, WAYNE**  
 STREET ADDRESS **1299 PLUMOSA DRIVE**  
 CITY-ST-ZIP **FT. MYERS FL 33901**

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

TITLE **PD** ☐ Delete  
 NAME **HUMPHREY, JAMES T**  
 STREET ADDRESS **1625 HENDRY STREET, SUITE 301**  
 CITY-ST-ZIP **FORT MYERS FL 33901**

TITLE **PD** ☒ Change ☐ Addition  
 NAME **Humphrey, James T**  
 STREET ADDRESS **2201 Second ST**  
 CITY-ST-ZIP **FT MYERS, FL 33901**

TITLE **VSD** ☐ Delete  
 NAME **CORNWELL, NAT**  
 STREET ADDRESS **1248 COCONUT DRIVE**  
 CITY-ST-ZIP **FORT MYERS FL 33901**

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:

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

**JAMES T. Humphrey**

**4-30-02 239-334-7892**

Date

Daytime Phone #

CR2E037 (9/01)