

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 04, 2001 8:00 am
Secretary of State

04-04-2001 90013 032 ****61.25

DOCUMENT # 708435

1. Entity Name

BETHEL ASSEMBLY OF GOD OF FORT MYERS, FLORIDA, I

Principal Place of Business

Mailing Address

**541 EVERGREEN ROAD
 NORTH FT. MYERS FL 33903**

**541 EVERGREEN ROAD
 NORTH FT. MYERS FL 33903**

736969



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

51-0198523

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**ROAN, EMORY
 17941 RANCHO 78 DR
 ALVA FL 33928**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	S	<input type="checkbox"/> Delete
NAME	HUBBARD, IRIS F	
STREET ADDRESS	1243 WENDELL AVE	
CITY-ST-ZIP	NORTH FT MYERS FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	ROAN, EMORY	
STREET ADDRESS	17941 RANCHO 78 DR	
CITY-ST-ZIP	ALVA FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	THOMPSON, CHARLES E JR	
STREET ADDRESS	17141 EAST LAKE DR	
CITY-ST-ZIP	FORT MYERS FL 33917	
TITLE	D	<input type="checkbox"/> Delete
NAME	HOWATINECK, HERMAN	
STREET ADDRESS	16 SERENDIPITY BLVD	
CITY-ST-ZIP	NORTH FT MYERS FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	GARDNER, GERALD	
STREET ADDRESS	535 EVERGREEN RD	
CITY-ST-ZIP	N FT MYERS FL	
TITLE		<input type="checkbox"/> Delete
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
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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 REQUIRED
 Iris F. Hubbard

4-1-01

941-995-7238

CR2E037 (10/00)