2001 UNIFORM BUSINESS REPORT (UBR)

FILED Jan 29, 2001 8:00 am Secretary of State DOCUMENT # 709053 DANIELS ROAD BAPTIST CHURCH, INC. 01-29-2001 90037 038 ****61.25 Principal Place of Business Mailing Address 5878 DANIELS ROAD S.E. R.R. 25 5878 DANIELS ROAD S.E. R.R. 25 FORT MYERS FL 33912 FORT MYERS FL 33912 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2350694 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) BENEDICT, RICHARD 8164 GULL LANE FORT MYERS FL 33912 Zip Code FL 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 9. Election Campaign Financing FILE NOW: Make Check Payable to \$5.00 May Be Trust Fund Contribution. FEE IS \$61.25 Added to Fees **Department of State** 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. Addition TITLE CD ☐ Delete TITLE Deacon NAME BENEDICT, RICHARD NAME James Galvin STREET ADDRESS STREET ADDRESS Hemlock Road 8164 GULL LANE 18202 CITY-ST-ZIP CITY-ST-ZIP Fort Mu <u>Fort Myers Fl</u> TITLE SD ☐ Delete TITI E ☐ Change ☐ Addition NAME CRUMP, BEN NAME STREET ADDRESS STREET ADDRESS 6626 PLANTATION PINES BLVD. SE CITY-ST-ZIP CITY-ST-ZIP FORT MYERS FL 33912 TITLE TITLE ☐ Change ☐ Addition Delete n NAME NAME GALVIN, DAVID STREET ADDRESS STREET ADDRESS 2135 SW 5TH PLACE CITY-ST-ZIP CITY-ST-ZIP CAPE CORAL FL 33991 TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME HAYNES, STANLEY STREET ADDRESS STREET ADDRESS 11170 CARAVEL CIRCLE #302 CITY-ST-ZIP CITY-ST-ZIP FT. MYERS FL 33908 Delete TITLE TITLE ☐ Change ☐ Addition NAME ALEXANDER, ROGER NAME STREET ADDRESS STREET ADDRESS 1640 UTE ST. CITY-ST-ZIP CITY-ST-ZIP LABELLE FL 33935 TITLE Delete TITLE Change ☐ Addition NAME HINDAL, CHRISTOPHER L NAME STREET ADDRESS STREET ADDRESS 8625 CHARTER CLUB CR #6

12. I hereby certify that the information supplied with this filling 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.

CITY-ST-ZIP

SIGNATURE:

FT MYERS FL 33919

CITY-ST-ZIP

Kichard L. Benedict 1-10-01