

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2002 8:00 am
Secretary of State

02-05-2002 90034 001 ****61.25

0097110

DOCUMENT # 709053

1. Entity Name

DANIELS ROAD BAPTIST CHURCH, INC.

Principal Place of Business

Mailing Address

**5878 DANIELS ROAD S.E. R.R. 25
 FORT MYERS FL 33912**

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 FORT MYERS FL 33912**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2350694

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

**BENEDICT, RICHARD
 8164 GULL LANE
 FORT MYERS FL 33912**

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 NAME STREET ADDRESS CITY-ST-ZIP	CD BENEDICT, RICHARD 8164 GULL LANE FORT MYERS FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CRUMP, BEN 6626 PLANTATION PINES BLVD. SE FORT MYERS FL 33912	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GALVIN, JAMES 18202 HEMLOCK RD FORT MYERS FL 33912	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HAYNES, STANLEY 11170 CARAVEL CIRCLE #302 FT. MYERS FL 33908	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALEXANDER, ROGER 1640 UTE ST. LABELLE FL 33935	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HINDAL, CHRISTOPHER L 8625 CHARTER CLUB CR #6 FT. MYERS FL 33919	☐ Delete

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

1-13-02

Date

Daytime Phone #

CR2E037 (9/01)