

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2002 8:00 am
Secretary of State

04-17-2002 90078 008 ****61.25

DOCUMENT # 709259

1. Entity Name

GULF COAST CHURCH OF CHRIST OF SOUTHWEST FLORIDA, INC.

Principal Place of Business

Mailing Address

**3825 MCGREGOR BLVD
 FT MYERS FL 33901**

**3825 MCGREGOR BLVD
 FT MYERS FL 33901**

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

59-2167051

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

**THARPE, DAVID H
 7212 SWAN LAKE DRIVE
 FORT MYERS FL 33919**

Name
David H. Tharpe

Street Address (P.O. Box Number is Not Acceptable)
7212 Swan Lake Drive

City
Fort Myers, FL

FL Zip Code
33919

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 **David H. Tharpe**

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 **DC** ☒ Delete
 NAME **LOWE, BOB**
 STREET ADDRESS **2318 ALDRIDGE AVE.**
 CITY-ST-ZIP **FT MYERS FL**

TITLE **D** ☐ Change ☒ Addition
 NAME **Larry D. Osborne**
 STREET ADDRESS **5061 Sycamore Drive**
 CITY-ST-ZIP **Naples, FL 34119**

TITLE **TD** ☐ Delete
 NAME **BETTS, GENE**
 STREET ADDRESS **7 BROADWAY CIR**
 CITY-ST-ZIP **FT MYERS FL**

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

TITLE **SD** ☐ Delete
 NAME **LOVE, BILL**
 STREET ADDRESS **7591 WOODLAND BEND CIRCLE**
 CITY-ST-ZIP **FT. MYERS FL 33912**

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

TITLE **DC** ☐ Delete
 NAME **THARPE, DAVID H**
 STREET ADDRESS **7212 SWAN LAKE DRIVE**
 CITY-ST-ZIP **FORT MYERS FL 33919**

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

TITLE **D** ☐ Delete
 NAME **ATKINS, FREDERICK C**
 STREET ADDRESS **1349 SE 4TH STREET**
 CITY-ST-ZIP **CAPE CORAL FL 33990**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

4/05/02

941-481-8132

Date

Daytime Phone #

CR2E037 (9/01)