

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 08, 2000 8:00 am
Secretary of State

02-08-2000 90054 021 ***61.25

DOCUMENT # 722271

1. Entity Name

SUNCOAST BAPTIST CHURCH TRUSTEES, INC.

Principal Place of Business

Mailing Address

**2033 LAUREL DRIVE
 NORTH FORT MYERS FL 33917**

**2033 LAUREL DRIVE
 NORTH FORT MYERS FL 33917-6221**

00017980

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

59-2640050

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WILLIAMS, C. RALPH
 2076 LAUREL LANE
 NORTH FORT MYERS FL 33917**

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

C. Ralph Williams **PASTOR**
C. RALPH Williams **1-8-00**

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 ☐ Delete
 NAME **T**
 STREET ADDRESS **MACDOW, DANIEL**
 CITY-ST-ZIP **20 ESTATE DR
 NORTH FORT MYERS FL 33917**

TITLE ☐ Change ☒
 NAME **T**
 STREET ADDRESS **McGuire, Tom**
 CITY-ST-ZIP **2757 Garden St
 North Fort Myers, FL 33917**

TITLE ☒ Delete
 NAME **T**
 STREET ADDRESS **MILLER, JOSEPH**
 CITY-ST-ZIP **7041 SLATER PINES DR
 NORTH FT. MYERS FL**

TITLE ☐ Change ☒
 NAME **T**
 STREET ADDRESS **Bryant, George**
 CITY-ST-ZIP **7534 McDaniels Dr
 North Fort Myers, FL 33917**

TITLE ☐ Delete
 NAME **T**
 STREET ADDRESS **TENALIO, DOMENICK**
 CITY-ST-ZIP **8075 HECK DR
 NORTH FT. MYERS FL 33917**

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

TITLE ☐ Delete
 NAME **T**
 STREET ADDRESS **DOUGLAS, BEN**
 CITY-ST-ZIP **8270 SUNCOAST DR
 NORTH FORT MYERS FL**

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

TITLE ☒ Delete
 NAME **T**
 STREET ADDRESS **JONES, ALMOS**
 CITY-ST-ZIP **17890 SLATER RD.
 NORTH FT. MYERS FL**

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

TITLE ☐ Delete
 NAME **T**
 STREET ADDRESS **THARP, MICHAEL**
 CITY-ST-ZIP **7584 EBSON DR
 N FT MYERS FL 33917**

TITLE ☐ Change ☐
 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *C. Ralph Williams* **PASTOR**
C. RALPH Williams **1-8-00** **941-543-1**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #