

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2001 8:00 am
Secretary of State

05-02-2001 90008 047 ****70.00

00-113

DOCUMENT # 723768

1. Entity Name

BRIARCLIFF BAPTIST CHURCH, INC.

Principal Place of Business

Mailing Address

6082 BRIARCLIFF RD.
 FT. MYERS FL 33912

6082 BRIARCLIFF RD.
 FT. 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

Lee

4. FEI Number

59-2136473

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

ANDERSON, LEONARD WM.
6082 BRIARCLIFF RD.
FT. 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	Delete
D	MARTIN, GREG	17584 CAPTIVA BLVD	FT MYERS FL 33912	<input checked="" type="checkbox"/>
D	BIAGI, ERINE	31 VERLO CT.	FORT MYERS FL 33912	<input type="checkbox"/>
D	TINER, MARK	18051 CREEK DRIVE	FT MYERS FL 33908	<input type="checkbox"/>
PD	ANDERSON, LEONARD W.	15748 ANDERSON LN.	FT.MYERS FL	<input type="checkbox"/>
D	GLEISLE, JIM	6281 KEY BISCAYNE	FORT MYERS FL 33908	<input type="checkbox"/>
D	KELLEY, ARTHUR	6940 HENDRY CREEK DRIVE	FORT MYERS FL 33908	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
D	Ed Bracken	18050 Tamiami Trail, Lot 170,	Ft. Myers, FL 33908	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: *Leonard Wm. Anderson*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-24-01 (941) 481-8080

CR2E037 (10/00)