2001 UNIFORM BUSINESS REPORT (UBR) FILED May 05, 2001 8:00 am **DOCUMENT # 736079** Secretary of State GRACE BIBLE CHURCH OF NAPLES, INC. 05-05-2001 90367 034 ****61.25 Mailing Address Principal Place of Business 6590 GOLDEN GATE PKWY NAPLES FL 34105 NAPLES FL 34105 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-1685912 Not Applicable Country \$8.75 Additional Zip Country \Box 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Jim Snyder Street Address (P.O. Box Number is Not Acceptable) BUCKEL, ROBERT 1090 Nottingham Drive 325 SECOND AVENUE, SOUTH NAPLES FL 34102 Zip Code City FL <u>Naples</u> 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 04/22/01 SIGNATURE (NOTE: Registered Agent signature required when reinstating) d name of registered agent and title if applicable. Make Check Payable to **\$5.00** May Be 9. Election Campaign Financing FILE NOW: Department of State Trust Fund Contribution. Added to Fees FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. **▼**Addition SD XX Delete TITLE SD TITLE HULBERT, LAURIE NAME Terry Shaffer NAME STREET ADDRESS STREET ADDRESS 1913 MISSION DRIVE 4221 Mindi Avenue CITY-ST-ZIP CITY-ST-ZIP NAPLES FL Naples, FL 34112 Addition Change XX Delete TITLE KURTZ, RANDY NAME George Brenco 746 MAINSAIL PLACE STREET ADDRESS STREET ADDRESS 1790 42nd Terrace SW CITY-ST-ZIP NAPLES FL 34110 CITY-ST-ZIP Naples, FL 34116 Change Addition TD TITLE Delete TITLE TDNAME MACE, EDWARD NAME Michael Ruganis 13423 POND APPLE DRIVE STREET ADDRESS STREET ADDRESS 3590 13 Avenue SW CITY-ST-ZIP NAPLES FL 34119 CITY-ST-ZIP Naples, FL 34117 ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 frue 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 trusted employeered 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 riner like empowered.

Daytime Phone #

Date

SIGNATURE:

SIGNATURE AND TYPED OR PRIN

D NAME OF SIGNING OFFICER OR DIRECTOR