

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90319 048 ****61.25

DOCUMENT # 736079

1. Entity Name

GRACE BIBLE CHURCH OF NAPLES, INC.



Principal Place of Business

**24
NAPLES FL 34105
US**

Mailing Address

**6590 GOLDEN GATE PKWY
NAPLES FL 34105
US**

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 **59-1685912**

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

**SNYDER, JIM
1090 NOTTINGHAM DRIVE
NAPLES FL 34109**

Name

Rob Buckel

Street Address (P.O. Box Number is Not Acceptable)

325 2nd Avenue South

City

Naples

FL

Zip Code

34102

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

[Signature]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/29/03

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **SD** ☒ Delete
NAME **SHAFFER, TERRY**
STREET ADDRESS **4221 MINDI AVE**
CITY-ST-ZIP **NAPLES FL 34112**

TITLE **SD** ☐ Change ☒ Addition
NAME **TOMPKINS, KEITH**
STREET ADDRESS **999 BRIARWOOD BLVD.**
CITY-ST-ZIP **NAPLES, FL 34105**

TITLE **TD** ☒ Delete
NAME **RUGANIS, MICHAEL**
STREET ADDRESS **3590 13 AVE SW**
CITY-ST-ZIP **NAPLES FL 34117**

TITLE **TD** ☐ Change ☒ Addition
NAME **LEWIS, CHARLES**
STREET ADDRESS **180 BEARS PAW TRAIL**
CITY-ST-ZIP **NAPLES, FL 34105**

TITLE **VD** ☒ Delete
NAME **VILLANI, LOU**
STREET ADDRESS **6150 WESTPORT LANE**
CITY-ST-ZIP **NAPLES FL 34116**

TITLE **VD** ☐ Change ☒ Addition
NAME **HULBERT, LAWRENCE**
STREET ADDRESS **1913 MISSION DRIVE**
CITY-ST-ZIP **NAPLES, FL 34109**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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] **SIGNATURE REQUIRED**

4/29/03 239-649-8229

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)