

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

FILED
Jan 15, 2003 8:00 am
Secretary of State

01-15-2003 90310 009 ****61.25

DOCUMENT # 736537

1. Entity Name

GRACE BIBLE CHURCH OF FORT MYERS, INC.



Principal Place of Business

**4461 BUCKINGHAM ROAD
FORT MYERS FL 33905
US**

Mailing Address

**4461 BUCKINGHAM ROAD
FORT MYERS FL 33905
US**

2. Principal Place of Business

3. Mailing Address

P.O. BOX 51427

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

FT. MYERS FL.

Zip

Country

Zip

Country

33994

LEE

4. FEI Number **59-1757599**

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

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

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** ☐ Delete
NAME **MURPHY, STANLEY**
STREET ADDRESS **1925 PASSAIC AVE.**
CITY-ST-ZIP **FT. MYERS FL**

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

TITLE **D** ☐ Delete
NAME **QUICK, VIC**
STREET ADDRESS **112 GIBSON STREET**
CITY-ST-ZIP **FORT MYERS FL 33905**

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

TITLE **T** ☐ Delete
NAME **WILLIAMS, JAMES**
STREET ADDRESS **9774 SUGARBERRY WAY**
CITY-ST-ZIP **FORT MYERS FL 33905**

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

TITLE **D** ☐ Delete
NAME **DAUGHERTY, DEAN**
STREET ADDRESS **710 CAROLINA AVE**
CITY-ST-ZIP **FORT MYERS FL 33905**

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

TITLE **D** ☒ Delete
NAME **DEVORE, HENRY**
STREET ADDRESS **2181 TWINSBROOKS ROAD**
CITY-ST-ZIP **N FORT MYERS FL 33917**

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 information.

SIGNATURE:

DEAN DAUGHERTY REQUIRED

1-6-03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)