

# 2000 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # 764148**

1. Entity Name

**BIBLE BAPTIST TEMPLE OF PUNTA GORDA, INC.**

**FILED**  
**Jul 17, 2000 8:00 am**  
**Secretary of State**

07-17-2000 90081 030 \*\*\*\*61.25

Principal Place of Business

6600 CLEVELAND DR.  
 PUNTA GORDA FL 33982

Mailing Address

6600 CLEVELAND DR.  
 PUNTA GORDA FL 33982

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2171934**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**ROPKE, F.W. CARL**  
**3709 DAWSON LANE**  
**PUNTA GORDA FL 33982**

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.

SIGNATURE *F.W. Carl Ropke*

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

(NOTE: Registered Agent signature required when reinstating)

*7-9-2000*

DATE

**FILE NOW: FEE IS \$61.25**  
**After September 13, 2000 min. will be \$236.25**

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	ROPKE, F.W.CARL	
STREET ADDRESS	3709 DAWSON LN	
CITY-ST-ZIP	PUNTA GORDA FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	WESSEL, HERMAN	
STREET ADDRESS	1478 NAVIGATOR ROAD	
CITY-ST-ZIP	PORT CHARLOTTE FL	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	BROWER, LORRAINE	
STREET ADDRESS	3608 ACLINE RD	
CITY-ST-ZIP	PUNTA GORDA FL 33955	
TITLE	D	<input type="checkbox"/> Delete
NAME	ROLLI, DUANE	
STREET ADDRESS	6550 PINWOOD CIR	
CITY-ST-ZIP	PUNTA GORDA FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	PARRISH, DON	
STREET ADDRESS	28540 ROYAL PALM DR	
CITY-ST-ZIP	PUNTA GORDA FL 33982	
TITLE	T	<input type="checkbox"/> Delete
NAME	TOLBERT, DANIEL	
STREET ADDRESS	257 NORTH VIEW	
CITY-ST-ZIP	PT CHARLOTTE FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Cyndie Douglas	
STREET ADDRESS	10260 SW Riverview Cr.	
CITY-ST-ZIP	Pt. Charlotte, FL.	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *F.W. Carl Ropke*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*7-10-2000 (94) 637-1715*  
 Date Daytime Phone #