

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 17, 2001 8:00 am**  
**Secretary of State**

05-17-2001 90393 012 \*\*\*\*61.25

**DOCUMENT # 764148**

1. Entity Name

**FIRST BAPTIST CHURCH OF CLEVELAND, INC.**

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

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

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

*Carl Ropke*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

*5/1/2001*

**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

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 type="checkbox"/> Delete
NAME	DOUGLAS, CYNDIE	
STREET ADDRESS	10260 SW RIVERVIEW CIRCLE	
CITY-ST-ZIP	PORT CHARLOTTE 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	<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:

*Signature Required*

CR2E037 (10/00)