

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 08, 2000 8:00 am
Secretary of State

08-08-2000 90005 005 ****61.25

DOCUMENT # 765401

1. Entity Name

NETTLES ISLAND CHURCH, INC.



Principal Place of Business

928 NETTLES BLVD.
 JENSEN BEACH FL 34957

Mailing Address

828 NETTLES BLVD.
 JENSEN BEACH FL 34957

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

59-2370339

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

LITTMAN, CURTIS A.
1855 S. KANNER HWY., SUITE #6
STUART FL 34994

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 ROBERT R. PRENTICE TREAS.

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

(NOTE: Registered Agent signature required when reinstating)

7-29-00

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 **SD** Delete
 NAME **POST, CARL**
 STREET ADDRESS **9801 S OCEAN DRIVE 937**
 CITY-ST-ZIP **JENSEN BEACH FL 34957**

TITLE **D** Delete
 NAME **WAH, WILLIAM**
 STREET ADDRESS **9801 S. OCEAN DR. #926-2**
 CITY-ST-ZIP **JENSEN BCH. FL**

TITLE **P** Delete
 NAME **VEENSTRA, GIL**
 STREET ADDRESS **9801 S. OCEAN DR. #809-2**
 CITY-ST-ZIP **JENSEN BCH FL**

TITLE **T** Delete
 NAME **PRENTICE, ROBERT**
 STREET ADDRESS **9801 S OCEAN DR 882-2**
 CITY-ST-ZIP **JENSEN BCH FL**

TITLE **D** Delete
 NAME **HOLLEBEEK, FRED**
 STREET ADDRESS **8901 S. OCEAN DRIVE, #680-2**
 CITY-ST-ZIP **JENSEN BCH. FL**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
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 CITY-ST-ZIP

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 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:

ROBERT R. PRENTICE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-29-00

Date

561-229-8991

Daytime Phone #

CR2E037 (5/00)