

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000000797

1. Entity Name
FLORIDA INTERFAITH/INTERAGENCY NETWORKING IN
DISASTER OF LEE COUNTY, INC.

Principal Place of Business
C/O CHRIST LUTHERAN CHURCH
2911 DEL PRADO BLVD.
CAPE CORAL, FL 33904

Mailing Address
P.O. BOX 7553
FORT MYERS, FL 33911-7553

2. Principal Place of Business
LEE COUNTY EMERGENCY MANAGEMENT
Suite, Apt. #, etc.
2665 ORTIZ AVE.

3. Mailing Address
Suite, Apt. #, etc.

City & State
FORT MYERS, FL

City & State

Zip
33905

Country
USA

Zip

Country

4. FEI Number
65-0940534

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MARY BARBARA COONS
1419 SE 33rd TERR.
CAPE CORAL, FL 33904

7. Name and Address of New Registered Agent

Name
EDWARD A. SCHMIDT
Street Address (P.O. Box Number is Not Acceptable)
1923 SE 31st ST.
City
CAPE CORAL, FL Zip Code
33904-4047

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
Edward A. Schmidt

July 13, 2000
DATE

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

(NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP	D/P REV. RICHARD J. HAPER C/O CHRIST LUTHERAN CHURCH 2911 DEL PRADO BLVD. CAPE CORAL, FL 33904	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DON RUGH C/O PINE ISLAND UNITED METH. CHURCH PINE ISLAND RD, NW BOKEELIA, FL 33922	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D EDWARD A. SCHMIDT 1923 31 st ST. CAPE CORAL, FL 33904-4047	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D ALBERT WRIGHT 12184 DOLPHIN RD. BOKEELIA, FL 33922	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D LORNA BROWN 1688 S. HERMITAGE RD. FORT MYERS, FL 33919	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D ARTHUR C. SMITH 3393 EDGEMOOD AVE. FORT MYERS, FL 33916	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARY BARBARA COONS 1419 SE 33 rd TERR. CAPE CORAL, FL 33904	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CAROLYN WRIGHT 12184 DOLPHIN RD. BOKEELIA, FL 33922	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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: Edward A. Schmidt, EDWARD A. SCHMIDT, PRES. July 13, 2000 941/540-8069
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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CR2E037 (9/99)

2000 Uniform Business Report (UBR)
Florida Interfaith/Interagency Networking in Disaster of Lee County, Inc.

Block 11-Continued

D Addition
Patricia Escalle
2400 Edison Ave.
Fort Myers, FL 33910

D Addition
Keith Denning
2516 Colonial Blvd., Suite 201
Fort Myers, FL 33907

D Addition
Kahn McClure
2665 Ortiz Ave.
Fort Myers, FL 33905

Registered Agent's Statement

Having been named as registered agent and to accept service of process for the above stated corporation, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent.

Edward A. Schmidt

Edward A. Schmidt

July 13, 2000

Date