

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 01, 2001 8:00 am**  
**Secretary of State**

03-01-2001 90043 002 \*\*\*\*61.25

**DOCUMENT # N00000000797**

1. Entity Name

**FLORIDA INTERFAITH/INTERAGENCY NETWORKING IN DIS**

Principal Place of Business

Mailing Address

% LEE COUNTY EMERGENCY MANAGEMENT  
 2665 ORTIZ AVENUE  
 FORT MYERS FL 33905

PO BOX 7553  
 FT MYERS FL 33911-7553

V A O I O J



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-0940534**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

SCHMIDT, EDWARD A.  
 1923 SE 31ST STREET  
 CAPE CORAL FL 33904-4047

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

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**  
**Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
PD	SCHMIDT, EDWARD A.	1923 31ST STREET	CAPE CORAL FL 33904-4047	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
VD	WRIGHT, ALBERT	12184 DOLPHIN ROAD	BOKEELIA FL 33922	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
SD	BROWN, LORNA	1685 S. HERMITAGE ROAD	FT. MYERS FL 33919	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
TD	SMITH, ARTHUR C.	3398 EDGEWOOD AVENUE	FT. MYERS FL 33916	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
D	COONS, MARY BARBARA	1419 SE 33RD TERRACE	CAPE CORAL FL 33904	<input checked="" type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
D	WRIGHT, CAROLYN	12184 DOLPHIN RD	BOKEELIA FL 33922	<input checked="" type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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. 2/22/01 941/540-8069  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)