4/1

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**May 05, 2001 8:00 am**
**Secretary of State**
04-10-2001 90105 003 ****61.25

DOCUMENT # N00000005273

1. Entity Name

SPECIAL PEOPLE'S MINISTRIES OF FLORIDA, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 3229 SKYLINE BLVD.<br>CAPE CORAL FL 33914 | 3229 SKYLINE BLVD.<br>CAPE CORAL FL 33914 |

DO NOT WRITE IN THIS SPACE

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 8180 McDaniel Dr. | 8180 McDaniel Dr. |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State: North Fort Myers, FL | City & State: North Fort Myers, FL |
| Zip: 33917 Country: Lee | Zip: 33917 Country: Lee |

4. FEI Number: 65-1042297 ☐ Applied For ☐ Not Applicable

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 |
|---|---|
| MIDGETT, HENRY A<br>3229 SKYLINE BLVD.<br>CAPE CORAL FL 33914 | Name: Henry A. Midgett<br>Street Address (P.O. Box Number is Not Acceptable): 8180 McDaniel Dr<br>City: North Fort Myers, FL FL Zip Code: 33917 |

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: Henry A. Midgett Henry A Midgett 4/3/01
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 | PD<br>MIDGETT, HENRY A<br>3229 SKYLINE BLVD.<br>CAPE CORAL FL 33914 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>President / Registered Agent<br>Henry A. Midgett<br>8180 McDaniel Dr.<br>N. Ft. Myers, FL 33917 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VTD<br>MIDGETT, MARY C<br>3229 SKYLINE BLVD.<br>CAPE CORAL FL 33914 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VD<br>Vice President<br>Mary C. Midgett<br>8180 McDaniel Dr.<br>N. Ft Myers, FL 33917 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | SD<br>MAYER, VALERIE<br>1220 S.W. 52ND TERR.<br>CAPE CORAL FL 33914 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | SD<br>Secr.<br>Jill Good<br>17960 LeeTana Rd.<br>North Fort Myers, FL 33917 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | Abby Waite | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | TD<br>Treasurer<br>Abby Waite<br>2116 SE 9th ST<br>Cape Coral, FL 33990 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |

CR2E037 (10/00)

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 4/3/01 941-567-1265
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #