

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000005273

1. Entity Name

SPECIAL PEOPLE'S MINISTRIES OF FLORIDA, INC.

FILED

Feb 14, 2002 8:00 am  
Secretary of State

02-14-2002 90013 046 \*\*\*\*70.00



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

8180 MCDANIEL DR  
FORT MYERS FL 33917

8180 MCDANIEL DR  
FORT MYERS FL 33917

2. Principal Place of Business

3. Mailing Address

8180 McDaniel Dr.

8180 McDaniels Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

N. Fort Myers, FL

N. Ft. Myers, FL

Zip

Country

Zip

Country

FL 33917

Lee

33917

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  
8180 MCDANIEL DR  
FORT MYERS FL 33917

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 PD ☐ Delete  
NAME MIDGETT, HENRY A  
STREET ADDRESS 8180 MCDANIEL DR  
CITY-ST-ZIP FORT MYERS FL 33917

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VPD ☐ Delete  
NAME MIDGETT, MARY C  
STREET ADDRESS 8180 MCDANIEL DR  
CITY-ST-ZIP FORT MYERS FL 33917

TITLE VPD & SD ☒ Change ☒ Addition  
NAME Mary C. Midgett  
STREET ADDRESS 8180 McDaniels Dr. N. Ft. Myers, FL  
CITY-ST-ZIP 33917

TITLE SD ☒ Delete  
NAME GOOD, JILL  
STREET ADDRESS 17960 LEATANA RD  
CITY-ST-ZIP FORT MYERS FL 33917

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE TD ☐ Delete  
NAME WAITE, ABBY  
STREET ADDRESS 2116 SE 7TH ST  
CITY-ST-ZIP CAPE CORAL FL 33990

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
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:

Henry A. Midgett

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/23/02 841-567-1891

CR2E037 (9/01)