

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000006660

1. Entity Name

CHRISTIAN OUTREACH OF S.W. FLORIDA, INC.

Principal Place of Business

8191 COLLEGE PKWY.
FT. MYERS FL 33919

Mailing Address

PO BOX 61916
FT. MYERS FL 33906

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

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SWEENEY, JEANNE
8191 COLLEGE PKWY.
FT. MYERS FL 33919

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

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
After September 12, 2001, 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 ☐ Delete
NAME **D BLACK, GLENN**
STREET ADDRESS **8191 COLLEGE PKWY.**
CITY-ST-ZIP **FT. MYERS FL 33919**

TITLE ☐ Delete
NAME **D MADIGAN-EAGLE, KATHY**
STREET ADDRESS **4134 ERINDALE DR.**
CITY-ST-ZIP **FT. MYERS FL 33903**

TITLE ☐ Delete
NAME **D LYKE, TED**
STREET ADDRESS **16450 SAN CARLOS BLVD. SE, #5**
CITY-ST-ZIP **FT. MYERS FL 33908**

TITLE ☐ Delete
NAME **D GILL, GENEVIEVE**
STREET ADDRESS **1311 SW SANTA BARBARA PLACE**
CITY-ST-ZIP **CAPE CORAL FL 33991**

TITLE ☐ Delete
NAME **D HULETT, ROBERT**
STREET ADDRESS **2016 KISMET PKWY. E.**
CITY-ST-ZIP **CAPE CORAL FL 33909**

TITLE ☐ Delete
NAME **D STRAYHORN, MIKE**
STREET ADDRESS **1700 MEDICAL LN.**
CITY-ST-ZIP **FT. MYERS FL 33907**

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

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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:

SIGNATURE REQUIRED

7-11-01

FILED
Sep 17, 2001 8:00 am
Secretary of State

03-29-2001 90017 028 ****61.25



DO NOT WRITE IN THIS SPACE

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