

2002 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 01, 2002 8:00 am
Secretary of State

04-01-2002 90156 004 ****61.25

DOCUMENT # N00000006660

1. Entity Name

CHRISTIAN OUTREACH OF S.W. FLORIDA, INC.

Principal Place of Business

Mailing Address

8191 COLLEGE PKWY.
FT. MYERS FL 33919

PO BOX 61916
FT. MYERS FL 33906

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3753711

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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 D ☒ Delete
NAME BLACK, GLENN
STREET ADDRESS 8191 COLLEGE PKWY.
CITY-ST-ZIP FT. MYERS FL 33919

TITLE PD ☐ Change ☒ Addition
NAME WALLACE, GERALD
STREET ADDRESS 13041 MCGREGOR BLVD. #2
CITY-ST-ZIP FT. MYERS FL 33919

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

TITLE TD ☐ Change ☒ Addition
NAME WILLIAMS, WENDELL
STREET ADDRESS 14180 METROPOLIS AV.
CITY-ST-ZIP FT. MYERS FL 33912

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

TITLE SD ☐ Change ☒ Addition
NAME SPRAGUE, PATI
STREET ADDRESS 4514 JERSEY RD.
CITY-ST-ZIP FT. MYERS FL 33905

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

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

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

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

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

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-22-02

941-274-0404

Date

Daytime Phone #

CR2E037 (9/01)