

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0088603

DOCUMENT # N00000006660

1. Entity Name

CHRISTIAN OUTREACH OF S.W. FLORIDA, INC.



FILED

03 JAN 17 AM 9:57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



☐ CHECK HERE IF MAKING CHANGES

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

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

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. I am familiar with, and accept the obligations of registered agent.

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  
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE TD  
NAME WILLIAMS, WENDELL ☐ Delete  
STREET ADDRESS 14180 METROPOLIS AVE  
CITY-ST-ZIP FORT MYERS FL 33912

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

TITLE SD  
NAME SPRAGUE, PATI ☒ Delete  
STREET ADDRESS 4514 JERSEY RD  
CITY-ST-ZIP FORT MYERS FL 33905

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

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

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D  
NAME DON E. MORGAN ☐ Change ☒ Addition  
STREET ADDRESS 1500 ROYAL PALM SQ. BLDG #101  
CITY-ST-ZIP FT. MYERS FL 33919

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: SIGNATURE REQUIRED MORGAN

1-15-03 239-274-0404

CR2E037 (10/02)