

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N02458

1. Entity Name

THE FIRST CHURCH OF THE BRETHREN OF NORTH FORT M

FILED
Mar 27, 2000 8:00 am
Secretary of State

03-27-2000 90080 027 ****61.25

Principal Place of Business

Mailing Address

CHURCH OF THE BRETHREN
1691 PACIFIC AVE.
NORTH FORT MYERS FL 33903
US

% ERNEST H. MILLER
1611 VIVIAN LANE
NORTH FORT MYERS FL 33903-3731
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

05-0011146

Applied For

Not Applicable

Zip

Country

Zip

Country

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

SUMMERS, JANE
184 CELESTIAL WAY
FORT MYERS FL 33903

Name

Romer Jacqueline

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

66 Gazelle Drive

City

N. Ft. Myers

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 JACQUALINE S. ROMER

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 ROGER MILLER
STREET ADDRESS 460 BLUE LAGOON DR.
CITY-ST-ZIP N. FT. MYERS FL

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

TITLE TD ☐ Delete
NAME MILLER, ELVA
STREET ADDRESS 1611 VIVIAN LANE
CITY-ST-ZIP N. FT. MYERS FL

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

TITLE DAM ☐ Delete
NAME MILLER, ERNEST
STREET ADDRESS 1611 VIVIAN LN.
CITY-ST-ZIP N. FORT MYERS FL

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-24-00 (940) 995-5091
Date Daytime Phone #

CR2E037 (9/99)