

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 24, 2002 8:00 am**  
**Secretary of State**

04-24-2002 90297 003 \*\*\*\*61.25

**DOCUMENT # N02458**

1. Entity Name

**THE FIRST CHURCH OF THE BRETHREN OF NORTH FORT MYERS, FLORIDA, INC.**

Principal Place of Business

Mailing Address

CHURCH OF THE BRETHREN  
 1234 PACIFIC AVE.  
 NORTH FORT MYERS FL 33903

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



DO NOT WRITE IN THIS SPACE

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

ROMER, JACQUALINE  
 66 GAZELLE DRIVE → No. 63 now (not 66)  
 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	<input type="checkbox"/> Delete
NAME	ROGER MILLER	
STREET ADDRESS	460 BLUE LAGOON DR.	
CITY-ST-ZIP	N. FT. MYERS FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	MILLER, ELVA	
STREET ADDRESS	1611 VIVIAN LANE	
CITY-ST-ZIP	N. FT. MYERS FL	
TITLE	DAM	<input type="checkbox"/> Delete
NAME	MILLER, ERNEST	
STREET ADDRESS	1611 VIVIAN LN.	
CITY-ST-ZIP	N. FORT MYERS FL	
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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*  
 Ernest H. Miller

Treasurer

4-9-02

995-5091

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)