


**NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jun 17, 2005 8:00 am**  
**Secretary of State**

06-17-2005 90004 003 \*\*\*\*61.25

DOCUMENT # <i>204000009044</i>	
1. Entity Name <i>Negavene</i> <i>Fort Myers Solid Rock Church of the</i>	

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business <i>2800 Broadway</i>	3. Mailing Address <i>4463 Meade</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc. <i>Ave</i>
City & State <i>Fort Myers FL</i>	City & State <i>Fort Myers FL</i>
Zip <i>33901</i>	Country <i>Lee County</i>
Zip <i>33901</i>	Country <i>Lee</i>

DO NOT WRITE IN THIS SPACE

4. FEI Number <i>83-0399480</i>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
7. Name and Address of Current Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City <i>FL</i>	
Zip Code	

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FEE IS \$61.25**  
**Initial or Amended UBR**

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			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>Pastor</i> <i>Altchence Alteme</i> <i>4463 Meade Ave. Fort Myers FL 33901</i>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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IN THIS SPACE**

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 on an attachment with an address, with or without other like empowered.

SIGNATURE \_\_\_\_\_

*6/12-05 (239) 246-6835*

CR2E037B (12/02)