

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 31, 2000 8:00 am**  
**Secretary of State**

05-31-2000 90032 002 \*\*\*\*61.25

**DOCUMENT # N20571**

1. Entity Name

**MARCO ISLAND MINISTRIES, INC.**

Principal Place of Business

Mailing Address

PO BOX 887  
 MARCO ISL FL 34146  
 US

PO BOX 887  
 MARCO ISL FL 34146-0887  
 US

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

**NOT APPLICABLE**

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

**MCCULLEY, THOMAS C REV.**  
**% RHODES & TUCKER, ATTORNEYS**  
**950 N. COLLIER BLVD**  
**MARCO ISLAND FL 34145**

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	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>MCCULLEY, THOMAS C REV.</b>	
STREET ADDRESS	<b>1190 EMBER COURT</b>	
CITY-ST-ZIP	<b>MARCO ISLAND FL</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>FENIMORE, DONALD C</b>	
STREET ADDRESS	<b>921 S. COLLIER BLVD #101</b>	
CITY-ST-ZIP	<b>MARCO ISLAND FL</b>	
TITLE	<b>V</b>	<input type="checkbox"/> Delete
NAME	<b>TWILLA, FRED</b>	
STREET ADDRESS	<b>921 MONTEGO COURT</b>	
CITY-ST-ZIP	<b>MARCO ISLAND FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>MURPHY, FRANK</b>	
STREET ADDRESS	<b>1195 TWIN OAK CT</b>	
CITY-ST-ZIP	<b>MARCO ISLAND FL 34145</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>SIMMONS, ROBERT M.</b>	
STREET ADDRESS	<b>331 EDGEWATER CT</b>	
CITY-ST-ZIP	<b>MARCO ISLAND FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>KIENLEN, THOMAS</b>	
STREET ADDRESS	<b>919 FLAMINGO CIRCLE</b>	
CITY-ST-ZIP	<b>MARCO ISLAND FL 34145</b>	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Thomas C. McCulley* 16 May 2000 941-394-4980

CR2E037 (9/99)