# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**May 02, 2002 8:00 am**
**Secretary of State**
05-02-2002 90011 048 ****70.00

DOCUMENT # N22730

1. Entity Name

FIRST MISSIONARY BAPTIST CHURCH OF FT. MYERS, FLORIDA, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 2809 GRAND AVE.<br>FORT MYERS FL 33901<br>US | P.O. BOX 6061<br>FORT MYERS FL 33911<br>US |

B0083754

DO NOT WRITE IN THIS SPACE

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 13971 N. Cleveland Ave. | |
| Suite, Apt. #, etc.: Unit 24 | Suite, Apt. #, etc. |
| City & State: North Fort Myers, FL | City & State |
| Zip: 33903 Country: Lee | Zip / Country |

4. FEI Number 65-0175649 ☐ 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 |
|---|---|
| KINNEY, MARVIN<br>3590 OUTRIGGER LN<br>ST JAMES FL 33598 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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 MARVIN KINNEY Marvin Kinney 4/7/02
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**
+ Cert. of Status = $70.00

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 / NAME / STREET ADDRESS / CITY-ST-ZIP | TR<br>KINNEY, LEO<br>2596N GASPARILLA STREET<br>ST JAMES CITY FL 33958 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | S<br>KINNEY, BEVERLY<br>2596 GASPARILLA ST<br>ST JAMES CITY FL 33958 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | TRT<br>KINNEY, MARVIN<br>2596 OUTRIGGER LN<br>ST JAMES CITY FL 33958 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | P<br>MOTT, ARTHUR F JR<br>2346 WINKLER AVE, #J214<br>FT MYERS FL 33901 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | TR<br>CHAMPION, ARTHUR<br>5239-5 RED CEDAR DR.<br>FORT MYERS FL 33907 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |

CR2E037 (9/01)

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:** Arthur F. Mott, Jr. Arthur F. Mott, Jr. 4/7/02 239/652-0745
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #