

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N22951

1. Entity Name

PALMETTO AVENUE CHURCH OF CHRIST, INC.

**FILED**  
**Apr 19, 2000 8:00 am**  
**Secretary of State**

04-19-2000 90031 047 \*\*\*\*70.00

Principal Place of Business	Mailing Address
1827 PALMETTO AVE FORT MYERS FL 33916 US	2699 HIGHLAND AVE FORT MYERS FL 33916-5705 US

2. Principal Place of Business <i>1827 Palmetto Avenue</i>	3. Mailing Address <i>2699 Highland Avenue</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <i>FT. MYERS, FLA.</i>	City & State <i>FT. MYERS, FLA.</i>
Zip <i>33916</i>	Zip <i>33916</i>
Country <i>USA (LEE)</i>	Country <i>USA (LEE)</i>



DO NOT WRITE IN THIS SPACE

4. FEI Number <b>59-2518341</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

GIVENS, VERNON  
C/O PALMETTO AVE - CHURCH OF CHRIST, INC.  
2699 HIGHLAND AVENUE  
FT. MYERS FL 33916

7. Name and Address of New Registered Agent

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 *Vernon L. Givens* VERNON L. GIVENS 4-12-00

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. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS

TITLE	TM	<input type="checkbox"/> Delete
NAME	MILLER, GILBERT B	
STREET ADDRESS	2699 HIGHLAND AVENUE	
CITY-ST-ZIP	FORT MYERS FL 33916	
TITLE	T	<input type="checkbox"/> Delete
NAME	FLEMMING, MICHAEL	
STREET ADDRESS	4636 NEW YORK DRIVE	
CITY-ST-ZIP	FORT MYERS FL 33905	
TITLE	T	<input type="checkbox"/> Delete
NAME	GIVENS, VERNON	
STREET ADDRESS	4976 SHERRY ST.	
CITY-ST-ZIP	FORT MYERS FL 33905	
TITLE	TD	<input type="checkbox"/> Delete
NAME	JENKINS, NATHANIEL	
STREET ADDRESS	15770 PINE RIDGE ROAD	
CITY-ST-ZIP	FORT MYERS FL 33908	
TITLE	T	<input type="checkbox"/> Delete
NAME	PHILLIPS, HENRY	
STREET ADDRESS	2422 DAVIS STREET	
CITY-ST-ZIP	FT. MYERS FL 33916	
TITLE	T	<input type="checkbox"/> Delete
NAME	GASKIN, TERRY	
STREET ADDRESS	3976 CORNING CT	
CITY-ST-ZIP	FT. MYERS FL 33905	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Vernon L. Givens* VERNON L. GIVENS 4-12-00 941-332-5497 941-693-7883

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)