

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 12, 2001 8:00 am
Secretary of State

04-12-2001 90062 006 ****61.25

006546

DOCUMENT # N22951

1. Entity Name

PALMETTO AVENUE CHURCH OF CHRIST, INC.

Principal Place of Business

1827 PALMETTO AVE
FORT MYERS FL 33916
US

Mailing Address

2699 HIGHLAND AVE
FORT MYERS FL 33916
US

C0046044



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1827 Palmetto Ave

3. Mailing Address

2699 Highland Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Fort Myers,

City & State

Fort Myers,

4. FEI Number

59-2518341

Applied For

☒ Not Applicable

Zip

33916

Country

US

Zip

33916

Country

US

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

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

N/A

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 trustee

VERNON L. GIVENS

04-09-01

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

TITLE **TM** ☐ Delete
NAME **MILLER, GILBERT B**
STREET ADDRESS **2699 HIGHLAND AVENUE**
CITY-ST-ZIP **FORT MYERS FL 33916**

TITLE **T** ☐ Delete
NAME **FLEMMING, MICHAEL**
STREET ADDRESS **4636 NEW YORK DRIVE**
CITY-ST-ZIP **FORT MYERS FL 33905**

TITLE **T** ☐ Delete
NAME **GIVENS, VERNON**
STREET ADDRESS **4976 SHERRY ST.**
CITY-ST-ZIP **FORT MYERS FL 33905**

TITLE **TD** ☐ Delete
NAME **JENKINS, NATHANIEL**
STREET ADDRESS **15770 PINE RIDGE ROAD**
CITY-ST-ZIP **FORT MYERS FL 33908**

TITLE **T** ☐ Delete
NAME **PHILLIPS, HENRY**
STREET ADDRESS **2422 DAVIS STREET**
CITY-ST-ZIP **FT MYERS FL 33916**

TITLE **T** ☐ 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 ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ 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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

VERNON L. GIVENS

Date

04-09-01 *941-481-6339*

Day Phone #

WORK

CR2E037 (10/00)