

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N31068

1. Entity Name

BONITA SPRINGS CHURCH OF CHRIST, INC.

**FILED**  
**Apr 21, 2000 8:00 am**  
**Secretary of State**

04-21-2000 90118 002 \*\*\*\*61.25

Principal Place of Business

Mailing Address

27121 OLD 41 RD.  
P. O. BOX 1995  
BONITA SPRINGS FL 33959

P.O. BOX 1995  
BONITA SPRINGS FL 34135-5717

2. Principal Place of Business

3. Mailing Address

11240 TANGELO TERR.

11240 TANGELO TERR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

City & State

BONITA SPRINGS, FL

BONITA SPRINGS, FL

4. FEI Number

65-0057087

Applied For

Not Applicable

Zip

Country

Zip

Country

34135

LEE

34135

LEE

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

SHELLY, WILLIAM D  
11240 TANGELO TERRACE  
BONITA SPRINGS FL 34135

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          | PD                           | <input type="checkbox"/> Delete            |
| NAME           | HIMELICK, DICK               |  |
| STREET ADDRESS | 4618 SIERRA LANE             |  |
| CITY-ST-ZIP    | BONITA SPRINGS FL 34134      |  |
| TITLE          | VD                           | <input type="checkbox"/> Delete            |
| NAME           | SMITH, SAM C.                |  |
| STREET ADDRESS | 12267 LONDONDERRY LANE       |  |
| CITY-ST-ZIP    | BONITA SPRINGS FL            |  |
| TITLE          | D                            | <input checked="" type="checkbox"/> Delete |
| NAME           | DAVIS, J SR                  |  |
| STREET ADDRESS | 27861 HACIENDA E BLVD #219-A |  |
| CITY-ST-ZIP    | BONITA SPRINGS FL 34135      |  |
| TITLE          | T                            | <input type="checkbox"/> Delete            |
| NAME           | SHELLY, WILLIAM D            |  |
| STREET ADDRESS | 11240 TANGELO TERRACE        |  |
| CITY-ST-ZIP    | BONITA SPRINGS FL            |  |
| TITLE          | S                            | <input type="checkbox"/> Delete            |
| NAME           | SMITH, WELDON                |  |
| STREET ADDRESS | 4618 SIERRA LANE             |  |
| CITY-ST-ZIP    | BONITA SPRINGS FL 34134      |  |
| TITLE          |                              | <input type="checkbox"/> Delete            |
| 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    |   |
| 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:

*WILLIAM D. SHELLY* *WILLIAM D. SHELLY*

4-12-00

941-992-0570

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)