

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N31068

1. Entity Name

BONITA SPRINGS CHURCH OF CHRIST, INC.

Principal Place of Business

11240 TANGELO TERR
BONITA SPRINGS FL 34135

Mailing Address

11240 TANGELO TERR
BONITA SPRINGS FL 34135

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 65-0057087

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

SHELLY, WILLIAM D
11240 TANGELO TERRACE
BONITA SPRINGS FL 34135

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

WILLIAM D. SHELLY *William D. Shelly*

3-16-01

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	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	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"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAM D. SHELLY	
STREET ADDRESS	11240 TANGELO TERRACE	
CITY-ST-ZIP	BONITA SPRINGS, FL 34135	
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WELDON SMITH	
STREET ADDRESS	4618 SIERRA LANE	
CITY-ST-ZIP	BONITA SPRINGS, FL 34134	
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DICK HIMELICK	
STREET ADDRESS	4618 SIERRA LANE	
CITY-ST-ZIP	BONITA SPRINGS, FL 34134	
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAM SMITH	
STREET ADDRESS	12267 LONDONDERRY LANE	
CITY-ST-ZIP	BONITA SPRINGS, FL 34135	
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*

3-16-01

741-992-0570

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)

FILED
Apr 11, 2001 8:00 am
Secretary of State

03-19-2001 90445 040 ****61.25



DO NOT WRITE IN THIS SPACE