

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N49204** (3)

1. Corporation Name

**BONNIE COOMBS EVANGELISTIC MINISTRIES, CHURCH IN
C.**



Principal Place of Business

Mailing Address

**2610 S.W. SANTA BARBARA PLACE
CAPE CORAL FL 33914 -4459**

**2610 S.W. SANTA BARBARA PLACE
CAPE CORAL FL 33914 -4459**

3. Date Incorporated or Qualified
06/03/1992

3a. Date of Last Report
04/20/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

33914-4459

33914-4459

4. FEI Number
65-0349807

Applied For
Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐ **\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**COOMBS, RONALD
2610 SW SANTA BARBARA PL
CAPE CORAL FL 33914**

81 Name

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

83

84 City

FL

85 Zip Code
33914-4459

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Ronald J. Coombs
Signature typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when registering)

01-17-96

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE
NAME **COOMBS, BONNIE**
STREET ADDRESS **2610 SW SANTA BARBARA PL**
CITY-STATE-ZIP **CAPE CORAL FL**

TITLE **VP** ☒ DELETE
NAME **MILLER, DAVID**
STREET ADDRESS **P O BOX 554 N/A**
CITY-STATE-ZIP **ALUA FL**

TITLE **SD** ☐ DELETE
NAME **COOMBS, RONALD**
STREET ADDRESS **2610 SW SANTA**
CITY-STATE-ZIP **SANTA BARA CA**

TITLE **TD** ☐ DELETE
NAME **MILLER, KATHY**
STREET ADDRESS **P O BOX 554 N/A**
CITY-STATE-ZIP **ALUA FL**

TITLE **D** ☐ DELETE
NAME **MARTIN, WILLIAM**
STREET ADDRESS **15890 LAKE PT CT**
CITY-STATE-ZIP **N FT MYERS FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE **D** ☒ Change ☐ Addition
12 NAME **COOMBS, BONNIE**
13 STREET ADDRESS **2610 S.W. SANTA BARBARA PLACE**
14 CITY-STATE-ZIP **CAPE CORAL, FLORIDA 33914-4459**

21 TITLE **VP** ☒ Change ☐ Addition
22 NAME **SPENCE, E. PARK**
23 STREET ADDRESS **1730 N.E. 6TH. STREET**
24 CITY-STATE-ZIP **CAPE CORAL, FLORIDA 33909**

31 TITLE **SD** ☒ Change ☐ Addition
32 NAME **COOMBS, RONALD**
33 STREET ADDRESS **2610 S.W. SANTA BARBARA PLACE**
34 CITY-STATE-ZIP **CAPE CORAL, FLORIDA 33914-4459**

41 TITLE **TD** ☒ Change ☐ Addition
42 NAME **MILLER, KATHY**
43 STREET ADDRESS **3905 S.W. 4TH. STREET**
44 CITY-STATE-ZIP **LEHIGH, FLORIDA 33971**

51 TITLE **D** ☒ Change ☐ Addition
52 NAME **MARTIN, WILLIAM**
53 STREET ADDRESS **15890 LAKE POINT COURT**
54 CITY-STATE-ZIP **N. FORT MYERS, FLORIDA 33919**

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 CITY-STATE-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Bonnie Coombs
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-17-96
Date

(941) 772-5707
Daytime Phone #

CR2E037 (12/95)