

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N49204

1. Entity Name

BONNIE COOMBS EVANGELISTIC MINISTRIES, CHURCH IN

Principal Place of Business

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

Mailing Address

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

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

65-0349807

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

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

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	COOMBS, BONNIE	
STREET ADDRESS	2610 SW SANTA BARBARA PL	
CITY-ST-ZIP	CAPE CORAL FL 33914	
TITLE	TS	<input type="checkbox"/> Delete
NAME	COOMBS, RONALD	
STREET ADDRESS	2610 SW SANTA BARBARA PLACE	
CITY-ST-ZIP	CAPE CORAL FL 33914	
TITLE	TR	<input type="checkbox"/> Delete
NAME	MILLER, KATHY	
STREET ADDRESS	3905 4TH ST SW	
CITY-ST-ZIP	LEHIGH ACRES FL 33971	
TITLE	TR	<input type="checkbox"/> Delete
NAME	MARTIN, WILLIAM	
STREET ADDRESS	15890 LAKE POINT COURT	
CITY-ST-ZIP	NORTH FORT MYERS FL 33917	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-05-00

Date

(941) 772-5707

Daytime Phone #

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

04-19-2000 90074 033 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)