

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 12, 2003 8:00 am
Secretary of State

09-12-2003 90093 026 ****61.25

0014326

DOCUMENT # N49204

1. Entity Name

BONNIE COOMBS EVANGELISTIC MINISTRIES, CHURCH IN C.



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

GREENWALD, JAMES
818 SANTA BARBARA BLVD
CAPE CORAL FL 33991

Name

James Walker

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

2030 Eloise Circle

City

N. Ft. Myers FL

Zip Code

33917

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

James Walker

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9-10-03

FILE NOW: FEE IS \$61.25

After September 10, 2003, min will be \$236.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida 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	SPENCE, PARK	
STREET ADDRESS	1730 NE 6TH ST	
CITY-ST-ZIP	CAPE CORAL FL 33909	
TITLE	TR	<input checked="" type="checkbox"/> Delete
NAME	GREENWALD, JAMES	
STREET ADDRESS	818 SANTA BARBARA BLVD	
CITY-ST-ZIP	CAPE CORAL FL 33991	
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
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	James Walker	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	James Walker	
STREET ADDRESS	2030 Eloise Circle	
CITY-ST-ZIP	N. Ft. Myers FL 33917	
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:

James Walker

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-9-03 941-772-5707

Date Daytime Phone #

CR2E037 (4/03)

ATTACHMENT

90156725

N49204

Dear Sir:-

I am sorry this is a day late. I was in Ohio on an emergency visit for my Mother-in-law. I just got back today, so I sent this out overnight express.

Thank-You

Rev. Bonnie Coomb