

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000001752

1. Entity Name

GULF COAST CHRISTIAN FELLOWSHIP OF SOUTHWEST FLO

FILED
May 03, 2000 8:00 am
Secretary of State

05-03-2000 90019 021 ****70.00

Principal Place of Business

Mailing Address

4928 PARK MEADOW LN
FT. MYERS FL 33907
US

4928 PARK MEADOW LN
FT. MYERS FL 33907-3749
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

64-0406375

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

X

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HOWARD, NOEL
8500 WINGED FOOT DRIVE
FT. MYERS FL 33912

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	HOWARD, NOEL	
STREET ADDRESS	8500 WINGED FOOT DRIVE	
CITY-ST-ZIP	FT. MYERS FL 33912	
TITLE	VTD	<input type="checkbox"/> Delete
NAME	HOWARD, DEBORAH	
STREET ADDRESS	8500 WINGED FOOT DRIVE	
CITY-ST-ZIP	FT. MYERS FL 33912	
TITLE	D	<input type="checkbox"/> Delete
NAME	FEDELE, STEPHEN	
STREET ADDRESS	624 TALSON PARK DRIVE	
CITY-ST-ZIP	HERKIMER NY 13350	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	AUERBACH, DONNA	
STREET ADDRESS	611 NORTH UNION	
CITY-ST-ZIP	LINCOLN IL 62656	
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		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

Apostle Gary Kiveilwitz
6341 N. Orange Blossom Trail
Orlando, FL 32810

D

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: *NOEL HOWARD*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/00

941-418-1866

Date

Daytime Phone #

CF2E037 (9/99)