

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N93000001752**

1. Entity Name

GULF COAST CHRISTIAN FELLOWSHIP OF SOUTHWEST FLO

Principal Place of Business

4928 PARK MEADOW LN
FT. MYERS FL 33907
US

Mailing Address

4928 PARK MEADOW LN
FT. MYERS FL 33907
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

64-0406375

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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

TITLE PD ☐ Delete
NAME HOWARD, NOEL
STREET ADDRESS 8500 WINGED FOOT DRIVE
CITY-ST-ZIP FT. MYERS FL 33912TITLE VTD ☐ Delete
NAME HOWARD, DEBORAH
STREET ADDRESS 8500 WINGED FOOT DRIVE
CITY-ST-ZIP FT. MYERS FL 33912TITLE D ☐ Delete
NAME FEDELE, STEPHEN
STREET ADDRESS 624 TALSON PARK DRIVE
CITY-ST-ZIP HERKIMER NY 13350TITLE D ☐ Delete
NAME KIVEILWITZ, GARY APOSTLE
STREET ADDRESS 6341 N ORANGE BLOSSOM TR
CITY-ST-ZIP ORLANDO FL 32810TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ 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

Date

Daytime Phone #

FILED
Apr 26, 2001 8:00 am
Secretary of State

04-26-2001 90100 012 *****70.00



DO NOT WRITE IN THIS SPACE

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CR2E037 (10/00)