

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000001752

1. Entity Name

GULF COAST CHRISTIAN FELLOWSHIP OF SOUTHWEST FLO
RIDA, INC.

Principal Place of Business

Mailing Address

3229 PARK MEADOW LN
FT. MYERS FL 33907

4928 PARK MEADOW LN
FT. MYERS FL 33907
US

2. Principal Place of Business

1915 Colonial Blvd

3. Mailing Address

1915 Colonial Blvd

Suite, Apt. #, etc.

Pt. Myers, FL

Suite, Apt. #, etc.

City & State

City & State

Pt Myers, FL

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

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 type="checkbox"/> Delete
NAME	KIVEILWITZ, GARY APOSTLE	
STREET ADDRESS	6341 N ORANGE BLOSSOM TR	
CITY-ST-ZIP	ORLANDO FL 32810	
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	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FEDELE, STEPHEN	
STREET ADDRESS	726 LIMERICK DR	
CITY-ST-ZIP	MERRITT ISLAND, FL 32953	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KIVEILWITZ, GARY APOSTLE	
STREET ADDRESS	327 WEST MAIN ST	
CITY-ST-ZIP	APOPKA, FL 32712	
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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/25/02

Date

941-418-1866

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)