

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

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90136 007 ****61.25

DOCUMENT # N93000001752

1. Entity Name

**GULF COAST CHRISTIAN FELLOWSHIP OF SOUTHWEST FLO
RIDA, INC.**



Principal Place of Business

**1915 COLONIAL BLVD
FT. MYERS FL 33907
US**

Mailing Address

**1915 COLONIAL BLVD
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

Howard, Noel

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

8725 Exeter St

City

Ft Myers

FL

Zip Code

33907

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

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
Florida 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 33912**

TITLE **VTD** ☐ Delete
NAME **HOWARD, DEBORAH**
STREET ADDRESS **8500 WINGED FOOT DRIVE**
CITY-ST-ZIP **FT. MYERS FL 33912**

TITLE **D** ☐ Delete
NAME **FEDELE, STEPHEN**
STREET ADDRESS **726 LIMERICK DRIVE**
CITY-ST-ZIP **MERRITT ISLAND FL 32953**

TITLE **D** ☐ Delete
NAME **KIVEILWITZ, GARY APOSTLE**
STREET ADDRESS **327 WEST MAIN STREET**
CITY-ST-ZIP **APOPKA FL 32712**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☒ Change ☐ Addition
NAME **Howard, Noel**
STREET ADDRESS **8725 Exeter St**
CITY-ST-ZIP **FT MYERS, FL 33907**

TITLE **VTD** ☒ Change ☐ Addition
NAME **Howard, Deborah**
STREET ADDRESS **8725 Exeter St**
CITY-ST-ZIP **Ft Myers, FL 33907**

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

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

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

TITLE ☐ 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 Required

4/18/03

CR2E037 (10/02)