

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000005430

1. Entity Name

CROSSROADS BAPTIST CHURCH OF FORT MYERS, INC.

Principal Place of Business

4679 PALM BCH BLVD  
FT MYERS FL 33905  
US

Mailing Address

P.O. BOX 50902  
FT MYERS FL 33994-0902  
US

New Address

New Address

2. Principal Place of Business

CROSSROADS BAPTIST CHURCH CROSSROADS BAPTIST CHURCH

Suite, Apt. 10721 Palm Beach Blvd  
Ft Myers FL 33905

Suite, Apt. 10721 Palm Beach Blvd  
Ft Myers FL 33905

City & State (941) 693-2777

City & State (941) 693-2777

Zip

Country

Zip

Country

4. FEI Number

65-0458377

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

BRADLEY, ROGER  
RT 1 BOX 1825  
LABELLE FL 33935

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

*Roger Bradley*

ROGER BRADLEY

1-30-2000

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 ☐ Delete  
NAME D  
STREET ADDRESS MANSELL, ALFRED  
CITY-ST-ZIP 6841 NEAL ROAD  
FT. MEYERS FL 33905

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

TITLE ☐ Delete  
NAME T  
STREET ADDRESS MCGILL, JOE  
CITY-ST-ZIP 17810 SANDS DRIVE  
ALVA FL

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

TITLE ☐ Delete  
NAME T  
STREET ADDRESS MARINELL, SR P  
CITY-ST-ZIP 1181 TRAVIS AVE  
N FT MYERS FL

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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

*Joe McGill*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/26/00

Date

Daytime Phone #

941-694-2777

FILED  
Feb 09, 2000 8:00 am  
Secretary of State

02-09-2000 90149 046 \*\*\*\*61.25

610300



DO NOT WRITE IN THIS SPACE