

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000004751

1. Entity Name

EAST FT. MYERS CHURCH OF CHRIST, INC.

FILED
Jan 26, 2000 8:00 am
Secretary of State

01-26-2000 90115 049 ****61.25

| | |
|---|---|
| Principal Place of Business | Mailing Address |
| 3864 PALM BEACH BLVD FT MYERS FL 33916 US | 3864 PALM BEACH BLVD FT MYERS FL 33916-3738 US |

| | |
|--------------------------------|----------------------|
| 2. Principal Place of Business | 3. Mailing Address |
| Suite, Apt. #, etc. | 4105 3rd Street West |
| City & State | Lehigh Acres FL |
| Zip | Country |
| 33971 | USA |



DO NOT WRITE IN THIS SPACE

| | |
|--|--------------------------------|
| 4. FEI Number | Applied For |
| 65-0612350 | Not Applicable |
| 5. Certificate of Status Desired | \$8.75 Additional Fee Required |
| <input type="checkbox"/> | |
| 6. Name and Address of Current Registered Agent | |
| ELIZEE, BERNARD F. 4105 W 3RD ST LEHIGH ACRES FL 33971 | |
| 7. Name and Address of New Registered Agent | |
| Name | |
| Street Address (P.O. Box Number is Not Acceptable) | |
| N/A | |
| City | Zip Code |
| | FL |

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 _____ (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 | D <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ELIZEE, BERNARD | NAME | |
| STREET ADDRESS | 4105 3RD ST. W | STREET ADDRESS | |
| CITY-ST-ZIP | LEHIGH ACRES FL 33971 | CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ELIZEE, ROWEANA | NAME | |
| STREET ADDRESS | 4105 3RD ST. W | STREET ADDRESS | |
| CITY-ST-ZIP | LEHIGH ACRES FL 33971 | CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | POOLE, BILLY | NAME | |
| STREET ADDRESS | 3209 S STREET | STREET ADDRESS | |
| CITY-ST-ZIP | FT MYERS FL 33902 | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | 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: Bernard F. Elizee
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan. 18, 2000
Date

Daytime Phone #