

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

**FILED**  
**Jan 16, 2003 8:00 am**  
**Secretary of State**

01-16-2003 90140 020 \*\*\*\*61.25

**DOCUMENT # N95000004751**

1. Entity Name

**EAST FT. MYERS CHURCH OF CHRIST, INC.**



Principal Place of Business

**3864 PALM BEACH BLVD  
FT MYERS FL 33916  
US**

Mailing Address

**4105 3RD ST W  
LEHIGH ACRES FL 33971  
US**

*63 Tongue Ct  
Lehigh Acres FL  
33936*

2. Principal Place of Business

3. Mailing Address

*63 Tongue Ct*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

*Lehigh Acres Florida*

Zip

Country

Zip

Country

*33936*

*Lee*

4. FEI Number **65-0612350**

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

**ELIZEE, BERNARD F  
4105 W 3RD ST  
LEHIGH ACRES FL 33971**

*Bernard Elizee  
63 Tongue Ct  
Lehigh Acres Florida  
33936*

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. 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Delete  
NAME **ELIZEE, BERNARD**  
STREET ADDRESS **4105 3RD ST. W**  
CITY-ST-ZIP **LEHIGH ACRES FL 33971**

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

TITLE **D** ☐ Delete  
NAME **ELIZEE, ROWEANA**  
STREET ADDRESS **4105 3RD ST. W**  
CITY-ST-ZIP **LEHIGH ACRES FL 33971**

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

TITLE **D** ☐ Delete  
NAME **POOLE, BILLY**  
STREET ADDRESS **3209 S STREET**  
CITY-ST-ZIP **FT MYERS FL 33902**

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:** **SIGNATURE REQUIRED** *R Elizee Roweana Elizee 1-5-03-*

CR2E037 (10/02)