

2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N96000000771

1. Entity Name
SERVANTS UNITED IN CHRIST'S CHURCH OF LEE
COUNTY, INC.



Principal Place of Business
1243 VERONICA SHOMAKER BLVD
FORT MYERS, FL 33916 US

Mailing Address
1243 VERONICA SHOEMAKER BLVD
FT MYERS, FL 33916

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

10292007 REIN-NP

CR2E099 (1/07)

4. FEI Number
65-0651175

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

BARNES, MICHAEL SR
3034 ST CHARLES ST
FORT MYERS, FL 33916

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 \$236.25
After January 1, 2008, Fee will be \$297.50

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME BARNES, MICHAEL SR ☐ Delete
STREET ADDRESS 3034 ST. CHARLES ST.
CITY-ST-ZIP FT MYERS, FL 33916

TITLE ☐ Change ☐ Addition
NAME 900112439889
STREET ADDRESS 11/20/07--01008--002 **236.25
CITY-ST-ZIP

TITLE TD
NAME ~~HAGAN, JACQUELINE~~ ☐ Delete
STREET ADDRESS 3002 KAREN AVE S
CITY-ST-ZIP LEHIGH ACRES, FL 33971

TITLE ☒ Change ☐ Addition
NAME Haise, Jacqueline
STREET ADDRESS
CITY-ST-ZIP

TITLE SD
NAME BARNES, MILDRED ☐ Delete
STREET ADDRESS 3034 ST CHARLES ST.
CITY-ST-ZIP FT MYERS, FL 33916

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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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 exemptions contained in Chapter 119, 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: Michael A. Barnes Sr. MICHAEL A. BARNES SR. 11/1/07 (237) 634-2184
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #