

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

FILED
Apr 30, 2003 8:00 am
Secretary of State

DOCUMENT # N96000000771

1. Entity Name

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



04-30-2003 90307 044 ****70.00

Principal Place of Business

1764 GLENWAY CT
FORT MYERS FL 33916
US

Mailing Address

P.O. BOX 50835
FT MYERS FL 33994



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0651175

Applied For

Not Applicable

Zip

Country

Zip

Country

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
1764 GLENWAY COURT
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 \$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 PD ☐ Delete
NAME BARNES, MICHAEL SR
STREET ADDRESS 1764 GLENWAY COURT
CITY-ST-ZIP FT MYERS FL 33916

TITLE ☒ Change ☐ Addition
NAME 3034 St. Charles St
STREET ADDRESS Ft Myers FL 33916
CITY-ST-ZIP

TITLE TD ☐ Delete
NAME HAGAN, JACQUELINE
STREET ADDRESS 4017 22ND STREET S.W.
CITY-ST-ZIP LEHIGH ACRES FL 33971

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

TITLE SD ☐ Delete
NAME BARNES, MILDRED
STREET ADDRESS 1764 GLENWAY COURT
CITY-ST-ZIP FT MYERS FL 33916

TITLE ☒ Change ☐ Addition
NAME 3034 St Charles St
STREET ADDRESS Ft Myers FL 33916
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

Michael A. Barnes Sr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)