

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000000837

1. Entity Name

DISTRICT BOARD OF MISSIONS AND CHURCH EXTENSION

Principal Place of Business

1605 ROYAL PALM AVE
FT MYERS FL 33901

Mailing Address

1605 ROYAL PALM AVE
FT MYERS FL 33901-2923

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2317390

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

HOFFMAN, WINNIFRED
1605 ROYAL PALM AVE
FORT MYERS FL 33901

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

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 DP ☒ Delete
NAME MOORE, DAVID
STREET ADDRESS 9317 PINEAPPLE RD
CITY-ST-ZIP FORT MYERS FL 33912

TITLE DP ☒ Change ☐ Addition
NAME TIDWELL, ALBERT L.
STREET ADDRESS 12930 TIFFANY ROAD
CITY-ST-ZIP BOKKLE, FL 33522

TITLE DV ☒ Delete
NAME SAUTER, TED
STREET ADDRESS 600 BEAGATE DR
CITY-ST-ZIP NAPLES FL 33940

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

TITLE DS ☐ Delete
NAME GILL, ESTELENA
STREET ADDRESS 4790-2101 S CLEVELAND AVE
CITY-ST-ZIP FT MYERS FL 33907

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

TITLE DT ☐ Delete
NAME PRATHER, ALLEN
STREET ADDRESS 619 SUNNYSIDE CT
CITY-ST-ZIP FT MYERS FL 33919

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:

Albert L. Tidwell
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/18/00
Date

941-283-8899
Daytime Phone #

CR2E037 (9/99)