2001 UNIFORM BUSINESS REPORT (UBR) FILED Mar 16, 2001 8:00 am DOCUMENT # N9600000837 **Secretary of State** 1. Entity Name DISTRICT BOARD OF MISSIONS AND CHURCH EXTENSION 03-16-2001 90060 044 ****61.25 Mailing Address Principal Place of Business 1605 ROYAL PALM AVE 1605 ROYAL PALM AVE FT MYERS FL 33901 FT MYERS FL 33901 2. Principal Place of Business 3. Mailing Address 3820 Colonial Boulevard 3820 Colonial Boulevard DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Suite 103 Suite 103 Applied For City & State 4. FEI Number City & State 59-2317390 Not Applicable Fort Myers, Fort Myers \$8.75 Additional Zip Country Country 5. Certificate of Status Desired Fee Required USA 33912 33912 USA 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent. Winnifred Hoffmann Street Address (P.O. Box Number is Not Acceptable) 3820 Colonial Boulevard HOFFMAN, WINNIFRED 1605 ROYAL PALM AVE Suite 103 FORT MYERS FL 33901 City Fort Myers Zip Code 33912 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 Winnifred Hoffmann, Signature, typed or printed name of registered agent and title if applicat Make Check Payable to FILE NOW: 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State **FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. Superintendent Change **XX**Addition XXDelete TITI E TITLE GILL, ESTELENA NAME Dr. Sharon Patch NAME STREET ADDRESS STREET ADDRESS 4790-2101 S CLEVELAND AVE 3820 Colonial Blvd., Suite 103 CITY-ST-7IP CITY-ST-ZIP Fort Myers, FL_ FT MYERS FL 33907 Change ☐ Delete . TITLE V & Registered Agent TITLE NAME PRATHER, ALLEN NAME Winnifred Hoffmann STREET ADDRESS STREET ADDRESS 3820 Colonial Blvd., 619 SUNNYSIDE CT Suite 103 CITY-ST-ZIP CITY-ST-ZIP Fort Mvers, FL FT MYERS FL 33919 Change **XX**Addition TITLE TITLE Delete NAME TIDWELL, ALBERT L Barbara Bryant NAME STREET ADDRESS STREET ADDRESS 12930 TIFFANY RD 270 Belvedere CITY-ST-ZIP CITY-ST-ZIP **BOKEELIA FL 33922** 33950 Punta Gorda, FL ☐ Change Addition ☐ Delete TITI F TITLE NAME Estelena Gill STREET ADDRESS 4790-2101 S. Cleveland Avennu Fort Myers, FL 33907 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE ☐ Change XX Addition TITI F ☐ Delete TITLE NAME Jay Kowalski NAME STREET ADDRESS STREET ADDRESS 388 First Avenue CITY-ST-ZIP CITY-ST-ZIP Naples, FL 34102 ☐ Change 💢 🖸 Addition TITLE ☐ Delete D NAME NAME David Moore STREET ADDRESS STREET ADDRESS 7290 College Parkway, #424 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 chapted or on a statement with an address with all other like empowered. changed, or on an attachment with an address, with all other like empowered. SIGNATURE: Albert C. NTidwell E Date Daytime Phone # SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR