

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N96000005757**

1. Entity Name

ESTATES BAPTIST CHURCH, INC.**FILED****Feb 27, 2002 8:00 am**
Secretary of State

02-27-2002 90078 009 ****61.25

Principal Place of Business

12285 COLLIER BLVD**#7
NAPLES FL 34113**

Mailing Address

**2750 NEWMAN DR
NAPLES FL 34114**

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

30-0440829

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required**6. Name and Address of Current Registered Agent****HAHE, JOSEPH F
310 17 STREET S.W.
NAPLES FL 34114****7. Name and Address of New Registered Agent**

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 \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**Make Check Payable to
Department of State****10. OFFICERS AND DIRECTORS**

TITLE	PD	<input type="checkbox"/> Delete
NAME	HAHE, JOSEPH F	
STREET ADDRESS	310 17TH ST SW	
CITY-ST-ZIP	NAPLES FL 34117	
TITLE	VD	<input type="checkbox"/> Delete
NAME	FOSTER, JOSEPH SR.	
STREET ADDRESS	3433 HIBISCUS	
CITY-ST-ZIP	NAPLES FL 34104	
TITLE	SD	<input type="checkbox"/> Delete
NAME	HOLLAND, JOYCE	
STREET ADDRESS	2750 NEWMAN DR	
CITY-ST-ZIP	NAPLES FL 34114	
TITLE	TD	<input type="checkbox"/> Delete
NAME	FOSTER, LYNN	
STREET ADDRESS	3433 HIBISCUS	
CITY-ST-ZIP	NAPLES FL 34104	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-15-02**941-455-8764**

CR2E037 (9/01)