

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

DOCUMENT # **U97000000945**

1. Entity Name

**Roger C Collins
Evangelistic Association INC**



FILED

03 APR 18 PM 1:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2607 E Cypress Ave

Suite, Apt. #, etc.
Fort Myers FL

City & State

3. Mailing Address

PO Box 4141

Suite, Apt. #, etc.
N. Fort Myers FL

City & State

DO NOT WRITE IN THIS SPACE

Zip
33905

Country
USA

Zip
33918

Country
USA

4. FEI Number

59-3347115

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name **Cook, Kelly J**

Street Address (P.O. Box Number Not Acceptable)

2607 E CYPRESS AVE

City **Ft Myers FL**

FL Zip Code **33905**

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IN THIS SPACE**

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

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **D**
NAME **Roger C Collins**
STREET ADDRESS **PO Box 4141**
CITY-STATE-ZIP **N. Ft Myers FL 33918**

TITLE **D**
NAME **Clyde Collins**
STREET ADDRESS **3025 Highway 337 S**
CITY-STATE-ZIP **Corydon, IN 47112**

TITLE **D**
NAME **Vernon Mann**
STREET ADDRESS **4905 N. Marquale**
CITY-STATE-ZIP **TUCSON, AZ 85705**

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Roger C Collins

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-17-03 928-213-9672

Date

Daytime Phone #

CR2E037B (12/02)