

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000005204

1. Entity Name

PALM LANE BAPTIST CHURCH, INC.

FILED
Feb 20, 2000 8:00 am
Secretary of State

02-20-2000 90043 009 ****61.25

Principal Place of Business

Mailing Address

14909 CALEB DRIVE
FT. MYERS FL 33908

14909 CALEB DRIVE
FT. MYERS FL 33908-1644

2. Principal Place of Business

3. Mailing Address

3193 S.W. BEARD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Arcadia FL

City & State

4. FEI Number

65-0798309

Applied For

Not Applicable

Zip

Country

34266

DE Soto

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

WILLS, BOBBY R
14909 CALEB DRIVE
FT. MYERS FL 33908

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 PD ☐ Delete
NAME WILLS, BOBBY R
STREET ADDRESS 14909 CALEB DR
CITY-ST-ZIP FT MYERS FL 33908

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

TITLE T ☐ Delete
NAME WILLS, BETTY S
STREET ADDRESS 14909 CALEB DR
CITY-ST-ZIP FT MYERS FL 33908

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

TITLE T ☐ Delete
NAME GERHARDT, DEBORAH J
STREET ADDRESS RT 1 BOX 71
CITY-ST-ZIP PATTERSON MO 63956

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
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

B.R. WILLS

2-12-00

941-993-3233

Date

Daytime Phone #

CR2E037 (9/99)