

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 22, 2001 8:00 am
Secretary of State

03-22-2001 90007 034 ****61.25

DOCUMENT # N98000002298

1. Entity Name

CHRISTIAN CAMPUS FELLOWSHIP AT FLORIDA GULF COAS

Principal Place of Business

Mailing Address

~~17217 CANE ROAD~~
~~FORT MYERS FL 33912~~

1411 SE 40TH ST
 CAPE CORAL FL 33904-7983

00047011



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

2162 DOMINICA AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

FT MYERS FL

4. FEI Number

65-0824794

Applied For

Not Applicable

Zip

Country

Zip

Country

33905

USA

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

BROWN, DONALD
1411 SE 40TH ST
CAPE CORAL FL 33904-7933

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 **SD** ☒ Delete
 NAME ~~KINGSTON, CRAIG~~
 STREET ADDRESS ~~17217 CANE ROAD~~
 CITY-ST-ZIP ~~FORT MYERS FL 33912~~

TITLE **SD** ☐ Change ☒ Addition
 NAME **JOHN WILLIAMS**
 STREET ADDRESS **2162 DOMINICA AVE**
 CITY-ST-ZIP **FT MYERS FL 33905**

TITLE **PD** ☐ Delete
 NAME **CRONE, TRES**
 STREET ADDRESS **11331 LONG ROAD**
 CITY-ST-ZIP **FT. MYERS FL 33905**

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

TITLE **VD** ☐ Delete
 NAME **EDWARDS, BETTY**
 STREET ADDRESS **7075 SPOTTED FAWN COURT**
 CITY-ST-ZIP **FT. MYERS FL 33908**

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

TITLE **TD** ☐ Delete
 NAME **BROWN, COLIN**
 STREET ADDRESS **1411 SE 40TH STREET**
 CITY-ST-ZIP **CAPE CORAL FL 33904-7933**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☐ Change ☒ Addition
 NAME **BRAD THOMAS**
 STREET ADDRESS **9926 COUNTRY OAKS DR**
 CITY-ST-ZIP **FT MYERS FL 33912**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☐ Change ☒ Addition
 NAME **MIKE WESTHAFFER**
 STREET ADDRESS **17216 ORIOLE ROAD**
 CITY-ST-ZIP **FT MYERS FL 33912**

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: DONALD COLIN BROWN **3/19/01** **941-945-3046**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)