

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 02, 2001 8:00 am
Secretary of State

0004982

DOCUMENT # N98000002501

1. Entity Name

PALM COAST COMMUNITY CHURCH OF SOUTHWEST FLORIDA

06-02-2001 90011 003 ****61.25

Principal Place of Business

**16450 S. TAMiami TrL
 BOX 10
 F MYERS FL 33908**

Mailing Address

**16450 S. TAMiami TrL
 BOX 10
 F MYERS FL 33908**

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

65-0838612

Applied For

Not Applicable

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

**GROGAN, MICHAEL W
 317 SE 18TH AVE
 CAPE CORAL FL 33990**

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.

(NOT 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	<input type="checkbox"/> Delete
NAME	GROGAN, MICHAEL W	
STREET ADDRESS	317 SE 18 AVE	
CITY-ST-ZIP	CAPE CORAL FL 33990	
TITLE	VD	<input type="checkbox"/> Delete
NAME	GROGAN, STEPHAN P	
STREET ADDRESS	3359 SE 22ND PL	
CITY-ST-ZIP	CAPE CORAL FL 33904	
TITLE	STD	<input type="checkbox"/> Delete
NAME	KUNKEL, CAROL	
STREET ADDRESS	6804 DANIEL CT	
CITY-ST-ZIP	FT MYERS FL 33908	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Michael W. Grogan MICHAEL W. GROGAN 3/19/01 941 433-3331

CR2E037 (10/00)