

**2004 NON-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 20, 2004 08:00 AM
Secretary of State

DOCUMENT # 707300

1. Entity Name
**THE SEA GATE BAPTIST CHURCH OF NAPLES,
FLORIDA, INC.**



Principal Place of Business
**1010 WHIPPOORWILL LANE
NAPLES, FL 34105**

Mailing Address
**1010 WHIPPOORWILL LANE
NAPLES, FL 34105**



08162004 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-1216867

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**ODOM, JAMES M.
810 93RD AVE. N.
NAPLES, FL 34108**

**DO NOT WRITE
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 reappointing)

DATE

**Filing Fee is \$61.25
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**U000000170560
08/20/04-800006-011 61.25**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**T
RAY, JIM
3461 BOLERO WAY
NAPLES, FL 34105**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**T
KAMMERAAD, TIMOTHY
5220 23RD PLACE, S.W.
NAPLES, FL 34116**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**PD
ODOM, JAMES M.
810 93RD AVE N
NAPLES, FL 34108**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**T
BOSWELL, ALLEN
541 GOLDEN GATE BLVD.
NAPLES, FL 34120**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
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 Block 11 if changed, or on an attachment with an address, with all other I am empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

JAMES M. ODOM 876-04 261-0122