

2004 N -FOR-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)

DO NOT WRITE IN THIS SPACE

4. FEI Number **59-1216867** Applied For
 Not Applicable

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

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

U00000170560
 08/20/04-80006-011 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 19.07(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'm empowered.

SIGNATURE:

James M. Odom
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

876-04
 Date

(239) 261-0122
 Daytime Phone #