


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2005 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
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DO NOT WRITE IN THIS SPACE



03152005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-1216867	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	T
NAME	RAY, JIM
STREET ADDRESS	3461 BOLERO WAY
CITY-ST-ZIP	NAPLES, FL 34105
TITLE	T
NAME	KAMMERAAD, TIMOTHY
STREET ADDRESS	5220 23RD PLACE, S.W.
CITY-ST-ZIP	NAPLES, FL 34116
TITLE	PD
NAME	ODOM, JAMES M.
STREET ADDRESS	810 93RD AVE N
CITY-ST-ZIP	NAPLES, FL 34108
TITLE	T
NAME	BOSWELL, ALLEN
STREET ADDRESS	541 GOLDEN GATE BLVD.
CITY-ST-ZIP	NAPLES, FL 34120
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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UNNOU274172
 03/24/05-80001-001 61.25

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: *James M. Odom* **JR. JAMES M. ODOM** 3-16-05 239-261-6122
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #