

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 19, 2004 8:00 am**  
**Secretary of State**

05-19-2004 90012 029 \*\*\*\*61.25

**DOCUMENT # 713833**

1. Entity Name

COVENANT PRESBYTERIAN CHURCH OF FORT MYERS,  
FLORIDA INC.



Principal Place of Business

2439 MCGREGOR BOULEVARD  
FORT MYERS FL 33901

Mailing Address

2439 MCGREGOR BOULEVARD  
FORT MYERS FL 33901

04004822



MOORE CR2E037 (11/03)

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-1150677

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

FOSTER, TIMOTHY  
1338 JAMBALANA  
FORT MYERS FL 33901

7. Name and Address of New Registered Agent

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. 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 reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE ☒ Delete  
NAME  
SHEA, JACK  
STREET ADDRESS  
5022 HARBORTOWN LANE  
CITY-ST-ZIP  
FORT MYERS FL 33912

TITLE ☐ Delete  
NAME  
TIMOTHY, FOSTER  
STREET ADDRESS  
1338 JAMBALANA  
CITY-ST-ZIP  
FORT MYERS FL 33901

TITLE ☐ Delete  
NAME  
POORMAN, GEORGE  
STREET ADDRESS  
6925 ERIN MARIE CT  
CITY-ST-ZIP  
FORT MYERS FL 33919

TITLE ☐ Delete  
NAME  
Steven Shimp  
STREET ADDRESS  
822 Cypress Lakes Circle  
CITY-ST-ZIP  
Fort Myers, FL 33919

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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

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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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:**

*Timothy P. Foster*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Timothy P. Foster 5-15-04 239-334-4430  
Date Daytime Phone #