

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 11, 2005 8:00 am
Secretary of State

02-11-2005 90036 037 ****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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



1st MOORE

CR2E037 (10/04)

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

7. Name and Address of New Registered Agent

**FOSTER, TIMOTHY
1338 JAMBALANA
FORT MYERS FL 33901**

Name

STEVEN SHIMP

Street Address (P.O. Box Number is Not Acceptable)

822 CYPRESS LAKES CIRCLE

City

FORT MYERS, FL

FL

Zip Code

33919

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, 2005**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☐ Delete
NAME **SHIMP, STEVEN**
STREET ADDRESS **822 CYPRESS LAKES CIRCLE**
CITY-ST-ZIP **FORT MYERS FL 33919**

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

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

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

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

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

TITLE **SD** ☐ Delete
NAME **WILMOT, ALDEN**
STREET ADDRESS **5813 Sunnyside Lane**
CITY-ST-ZIP **Fort Myers, FL 33919**

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

TITLE **TD** ☐ Delete
NAME **COLE, WARD**
STREET ADDRESS **1075 Bal Isle Drive**
CITY-ST-ZIP **Fort Myers, FL 33919**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition
TITLE
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/5/05

239
3348937