2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2005 8:00 am
Secretary of State
03-21-2005 90072 022 ****61.25

DOCUMENT # 722683

1. Entity Name
WINKLER ROAD BAPTIST CHURCH, INC.

Principal Place of Business	Mailing Address
5770 WINKLER ROAD FT MYERS, FL 33919	5770 WINKLER ROAD FT MYERS, FL 33919

02222005 Chg-NP CR2E037 (10/03)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-1817886 ☐ 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
HUNTE, DAVID F. 307 SOUTH ROAD FT. MYERS, FL 33907	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

Filing 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	T COREY, ARTHUR 8341 BEACON BLVD. FT. MYERS, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DAVID CALGER 302 SOUTH ROAD FORT MYERS, FL 33907	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TR MCDONALD, CHARLES 2165 ELKTON COURT FT. MYERS, FL 33907	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BEN CRUMP 6626 PLANTATION PINES FORT MYERS, FL 33912	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DOERSTLING, AXEL 9131 SOUTHMONT COVE #306 FORT MYERS, FL 33908	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D RANDALL HENDERSON 4445 CROSSJACK CT. B-2 FORT MYERS, FL 33919	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SANCHEZ, ANIBAL 2173 ELKTON COURT FT. MYERS, FL	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JOHN HUNTE 309 SOUTH ROAD FORT MYERS, FL 33907	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MOORE, WILLIAM 1019 SUMICA DR. FORT MYERS, FL 33919	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D RAY BATES 5426 ASHTON CIRCLE FORT MYERS, FL 33907	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D NUNERY, RICHARD 4325 PALM TREE BLVD. CAPE CORAL, FL 33904	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~D~~ C ~~RICHARD NUNERY~~ ~~4325 PALM TREE BLVD~~ ~~CAPE CORAL, FL 33904~~	☐ Change ☑ Addition

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: _____ ARTHUR COREY 2-23-05 239-482-7702
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

ADDITIONS

ATTACHMENT

H0035129
#722683

D
JIM HOULIHAN
18205 DUPONT DR.
FORT MYERS, FL 33912

D
LARRY LOUGHNER
17040 EAST LAKE DR.
N. FORT MYERS, FL 33917

D
WAYNE RICH
541 VAL MAR DR.
FORT MYERS, FL 33919

D
TERRY SODREL
11250 CARAVEL CIRCLE
#204
FORT MYERS, FL 33908

D
OSCAR TAPIA
4652 LITTLE RIVER LANE
FORT MYERS, FL 33905