

**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Aug 07, 2008 8:00 am**  
**Secretary of State**

08-07-2008 90062 026 \*\*\*\*70.00



**DOCUMENT # N00000006660**  
 1. Entity Name  
**CHRISTIAN OUTREACH OF S.W. FLORIDA, INC.**

Principal Place of Business  
**8191 COLLEGE PKWY.  
 FT. MYERS, FL 33919**

Mailing Address  
**PO BOX 61916  
 FT. MYERS, FL 33906**



2. Principal Place of Business - No P.O. Box #  
**8191 College Pkwy.**

3. Mailing Address  
**8191 College Pkwy.**

Suite, Apt. #, etc.  
**#205**

City & State  
**Fort Myers Florida**

Zip  
**33919**

Country  
**USA**

08042008 Chg-NP CR2E037 (12/06)

4. FEI Number  
**59-3753711**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**SWEENEY, JEANNE**  
**8191 COLLEGE PKWY.**  
**FT. MYERS, FL 33919**

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 *Jeanne Sweeney*  
 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 September 12, 2008**

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	P	<input checked="" type="checkbox"/> Delete
NAME	MORELAND, DAVID I	
STREET ADDRESS	7811 UNIVERSITY POINTE DR SUITE 100	
CITY-ST-ZIP	FORT MYERS, FL 33907	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	WILLIAMS, WENDELL	
STREET ADDRESS	14180 METROPOLIS AVE	
CITY-ST-ZIP	FORT MYERS, FL 33912	
TITLE	VVC	<input checked="" type="checkbox"/> Delete
NAME	FORSTER, MARK	
STREET ADDRESS	2104 DEL PRADA BLVD	
CITY-ST-ZIP	CAPE CORAL, FL 33990	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	MOORE, JANET	
STREET ADDRESS	13515 BELL TOWER DR	
CITY-ST-ZIP	FORT MYERS, FL 33907	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	EAGLE, CATHY M	
STREET ADDRESS	4134 ERINDALE DR.	
CITY-ST-ZIP	N. FORT MYERS, FL 33903	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	FORSTER, MARK "FRITZ"	
STREET ADDRESS	2104 DEL PRADO BLVD.	
CITY-ST-ZIP	CAPE CORAL, FL 33990	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	President	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Mark Forster	
STREET ADDRESS	2104 Del Prado Blvd.	
CITY-ST-ZIP	Cape Coral, FL 33990	
TITLE	Vice President	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	John Moran	
STREET ADDRESS	4790 S. Cleveland Ave	
CITY-ST-ZIP	Fort Myers FL 33907	
TITLE	Treasurer	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Mark McCleary	
STREET ADDRESS	2740 Oak Ridge Court Suite 301	
CITY-ST-ZIP	Fort Myers FL 33901	
TITLE	Board Member	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jeanne Sweeney	
STREET ADDRESS	8191 College Parkway #205	
CITY-ST-ZIP	Fort Myers FL 33919	
TITLE	Board Member	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	David Moreland	
STREET ADDRESS	7811 University Pointe Dr. Suite 100	
CITY-ST-ZIP	Fort Myers FL 33907	
TITLE	Secretary	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Janet Moore	
STREET ADDRESS	13515 Bell Tower Dr.	
CITY-ST-ZIP	Fort Myers FL 33907	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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