

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 11, 2000 8:00 am
Secretary of State

02-11-2000 90040 032 ****70.00

DOCUMENT # N39076

1. Entity Name

CHRISTIAN LIFE FELLOWSHIP OF LEE COUNTY, INC.

Principal Place of Business

1629 SE 47TH ST
 CAPE CORAL FL 33904
 US

Mailing Address

1629 SE 47 ST
 CAPE CORAL FL 33904-8703
 US

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

65-0238536

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WRIGHT, DAVID E II
1629 SE 47TH ST
CAPE CORAL FL 33904

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

DAVID E. WRIGHT II, PRESIDENT / SR PASTOR 2/2/00

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS CHEREE, WRIGHT 1625 SW 32ND ST CAPE CORAL FL 33914	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ROSENSTERN, FRANK 708 TWIN OAKS DRIVE TEMPLE TX 76504	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD WRIGHT, DAVID 1625 SW 32ND ST CAPE CORAL FL 33914	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/T/S PADHAM, ROBERT 2827 SE 16TH PL CAPE CORAL, FL 33904	<input type="checkbox"/> Change <input checked="" type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EVANGELISTA, NICK 422 SW 20TH ST CAPE CORAL, FL 33991	<input type="checkbox"/> Change <input checked="" type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D WRIGHT, DAVID 1625 SW 32ND ST CAPE CORAL, FL 33914	<input checked="" type="checkbox"/> Change <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TAYLOR, JOE 1839 SE 2ND TERR CAPE CORAL, FL 33990	<input type="checkbox"/> Change <input checked="" type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/>

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

DAVID E WRIGHT II, PRES 2/2/00 941-512-7111

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #