

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2004 8:00 am
Secretary of State

01-20-2004 90077 029 ****61.25

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 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0238536	
Zip		Country		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	
COMER, DAVID L. 1629 S.E. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable.					
Filing 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	DTS		TITLE		
NAME	SEAMAN, JIM		NAME		
STREET ADDRESS	1425 SE 30TH TERRACE		STREET ADDRESS		
CITY-ST-ZIP	CAPE CORAL, FL 33904		CITY-ST-ZIP		
TITLE	PD		TITLE	PD	
NAME	COMER, DAVID		NAME	COMER, DAVID	
STREET ADDRESS	1625 SW 32ND ST		STREET ADDRESS	2210 SW 23RD CT.	
CITY-ST-ZIP	CAPE CORAL, FL 33914		CITY-ST-ZIP	CAPE CORAL, FL. 33991	
TITLE	D		TITLE	D	
NAME	TAYLOR, JOE		NAME	TAYLOR, JOE	
STREET ADDRESS	238 SW 38TH STREET		STREET ADDRESS	11646 ROYAL TEE CIRCLE	
CITY-ST-ZIP	CAPE CORAL, FL 33914		CITY-ST-ZIP	CAPE CORAL, FL. 33991	
TITLE	D		TITLE		
NAME	HONC, DAN		NAME		
STREET ADDRESS	7021 HOWARD ROAD		STREET ADDRESS		
CITY-ST-ZIP	BOKEELIA, FL 33922		CITY-ST-ZIP		
TITLE			TITLE	D	
NAME			NAME	STICKNEY, JACK	
STREET ADDRESS			STREET ADDRESS	2326 SE 28TH ST.	
CITY-ST-ZIP			CITY-ST-ZIP	CAPE CORAL, FL. 33904	
TITLE			TITLE	D	
NAME			NAME	MILEFF, JOHN	
STREET ADDRESS			STREET ADDRESS	4811 SW 8TH PL. #E103	
CITY-ST-ZIP			CITY-ST-ZIP	CAPE CORAL, FL. 33914	
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: <i>David Comer</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date: <i>1-15-04</i> (231) 542-7270 Daytime Phone #		