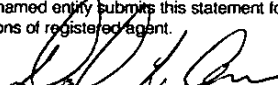
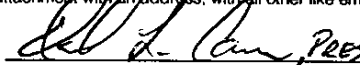


2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Apr 11, 2008 8:00 am**  
**Secretary of State**

04-11-2008 90052 012 \*\*\*\*61.25

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                            |                                                                                     |                                                                                                                                                                                                                          |                                                                                                 |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|--|
| <b>DOCUMENT # N39076</b><br>1. Entity Name<br><b>CHRISTIAN LIFE FELLOWSHIP OF LEE COUNTY, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                            |                                                                                     |                                                                                                                                                                                                                          |                |  |
| Principal Place of Business<br><b>1629 SE 47TH ST</b><br><b>CAPE CORAL, FL 33904 US</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                            |                                                                                     | Mailing Address<br><b>1629 SE 47 ST</b><br><b>CAPE CORAL, FL 33904 US</b>                                                                                                                                                |                                                                                                 |  |
| 2. Principal Place of Business - No P.O. Box #<br><b>1200 S.W. 20TH AVE.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                            | 3. Mailing Address<br><b>1200 S.W. 20TH AVE</b>                                     |                                                                                                                                                                                                                          |                                                                                                 |  |
| Suite, Apt. #, etc.<br>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                            | Suite, Apt. #, etc.<br>                                                             |                                                                                                                                                                                                                          |                                                                                                 |  |
| City & State<br><b>CAPE CORAL, FL</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                            | City & State<br><b>CAPE CORAL, FL</b>                                               |                                                                                                                                                                                                                          | 4. FEI Number<br><b>65-0238536</b>                                                              |  |
| Zip<br><b>33991</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                            | Country<br><b>USA</b>                                                               |                                                                                                                                                                                                                          | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |  |
| 6. Name and Address of Current Registered Agent<br><br><b>COMER, DAVID L.</b><br><b>1629 S.E. 47TH ST</b><br><b>CAPE CORAL, FL 33904</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                            |                                                                                     | 7. Name and Address of New Registered Agent<br>Name <b>COMER, DAVID L.</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>1200 S.W. 20TH AVE.</b><br>City <b>CAPE CORAL</b> <b>FL</b> Zip Code <b>33991</b> |                                                                                                 |  |
| 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.<br>SIGNATURE  <b>DAVID L. COMER, PRES.</b> <b>4/7/08</b><br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>                                                                                                   |                                                                                                                                            |                                                                                     |                                                                                                                                                                                                                          |                                                                                                 |  |
| Filing Fee is \$61.25<br>Due by May 1, 2008                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                            | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |                                                                                                                                                                                                                          | <b>\$5.00 May Be Added to Fees</b>                                                              |  |
| <b>Make check payable to Florida Department of State</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                            |                                                                                     |                                                                                                                                                                                                                          |                                                                                                 |  |
| <b>10. OFFICERS AND DIRECTORS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                            |                                                                                     |                                                                                                                                                                                                                          |                                                                                                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | DTS<br>SEAMANS, HENRY J <input type="checkbox"/> Delete<br>1425 SE 30TH TERRACE<br>CAPE CORAL, FL 33904                                    |                                                                                     |                                                                                                                                                                                                                          |                                                                                                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | PD<br>COMER, DAVID <input type="checkbox"/> Delete<br>2210 SW 23RD CT.<br>CAPE CORAL, FL 33991                                             |                                                                                     |                                                                                                                                                                                                                          |                                                                                                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | D<br>TEUBER, STEVEN <input type="checkbox"/> Delete<br>918 SE 23RD PL<br>CAPE CORAL, FL 33990                                              |                                                                                     |                                                                                                                                                                                                                          |                                                                                                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | D<br>MILES, TIM <input type="checkbox"/> Delete<br>5804 SW 1ST PL<br>CAPE CORAL, FL 33914                                                  |                                                                                     |                                                                                                                                                                                                                          |                                                                                                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | D<br>FELBER, THOMAS <input checked="" type="checkbox"/> Delete<br>3331 SE 22ND PLACE<br>CAPE CORAL, FL 33904                               |                                                                                     |                                                                                                                                                                                                                          |                                                                                                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Delete                                                                                                            |                                                                                     |                                                                                                                                                                                                                          |                                                                                                 |  |
| <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                            |                                                                                     |                                                                                                                                                                                                                          |                                                                                                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | D<br>TROYER, SAM <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br>4102 S.E. 3RD AVE<br>CAPE CORAL, FL 33904 |                                                                                     |                                                                                                                                                                                                                          |                                                                                                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | D<br>GARFALL, WILL <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br>14930 DAVID DR.<br>FT. MYERS, FL. 33908 |                                                                                     |                                                                                                                                                                                                                          |                                                                                                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                          |                                                                                     |                                                                                                                                                                                                                          |                                                                                                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                          |                                                                                     |                                                                                                                                                                                                                          |                                                                                                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                          |                                                                                     |                                                                                                                                                                                                                          |                                                                                                 |  |
| 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:  <b>DAVID L. COMER</b> <b>4/7/08</b> <b>(239) 283-2299</b><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                            |                                                                                     |                                                                                                                                                                                                                          |                                                                                                 |  |