

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jan 12, 2006
Secretary of State**

DOCUMENT# N48209

Entity Name: CORKSCREW ISLAND MISSIONS INCORPORATED

Current Principal Place of Business:

22022 IMMOKALEE RD
NAPLES, FL 34120

New Principal Place of Business:

Current Mailing Address:

22022 IMMOKALEE RD
NAPLES, FL 34120

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KLINE, ROBERT LEE REV
22022 IMMOKALEE RD
NAPLES, FL 34120 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: KLINE, ROBERT REV,
Address: 22022 IMMOKALEE RD
City-St-Zip: NAPLES, FL 34120

Title: VP () Delete
Name: CRAWFORD, JOHN
Address: 2620 21ST NE
City-St-Zip: NAPLES, FL 34120

Title: S () Delete
Name: SUMMERALLS, CURTIS
Address: 4821 42ND STREET NE
City-St-Zip: NAPLES, FL 34120

Title: TR () Delete
Name: CRAWFORD, JOHN
Address: 2620 2ND ST NE
City-St-Zip: NAPLES, FL 34120

Title: TR () Delete
Name: MORRIS, SHAWN
Address: 3255 48TH AVE NE
City-St-Zip: NAPLES, FL 34120

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: REV. ROBERT LEE KLINE

PD

01/12/2006

Electronic Signature of Signing Officer or Director

Date