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2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N39076

1. Entity Name ஒது கு ஆ ஆ

CHRISTIAN LIFÉ FELLOWSHIP OF LEE COUNTY, INC.

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

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

2 7							
Principal Place of Business	Il Place of Business Mailing Address		_				
1629 SE 47TH ST CAPE CORAL FL 33904 US	1629 SE 47 ST CAPE CORAL FL 33904-8703 US			; <u>1</u> ==	,a. a. v	fi (186)	
2. Principal Place of Business	3. Mailing Address		-				
Suite, Apt. #, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE			
City & State	City & State		4. FEI Number				
Zip Country	Zip Country			65-0238536 Not Appli			
		- Country	5. Certificate of Stat		Fee Required		
6. Name and Address of Curren	t Registered Agent	. Name ~ -	7. Name and Addre	ss of New Registe	red Agent	_ .	
	•						
WRIGHT, DAVID E II		Street Addres	s (P.O. Box Number is No	t Acceptable)			
1629 SE 47TH ST CAPE CORAL FL 33904			•				
CAPE CORAL PL 33904		City			FL Zip Code		
8. The above named entity submits this statement,	for the purpose of changing its	registered office or regis	tered agent, or both, in th	e state of Florida.	 .		
2	T-V			,			
SIGNATURE	DAVIDE	WRIGHT I	. PRESIDENT	- SR PAST	or 2/2/	00	
Signature, lyses or printed hame of registered age	nt and title if applicable. (NOT	E: Registered Agent signature requ	ired when reinstating)	, ,	ATE		
	3 3 3 3 3 3						
FILE NOW: 9. Election Camp		n Financing \$5 ution.	.00 May Be ded to Fees		eck Payable to nent of State		
FEE IS \$61.25	1000			-			
10. OFFICERS AND D	·	11.	ADDITIONS/CHANGES	TO OFFICERS AN		<i>.</i>	
NAME TS CHEREE, WRIGHT	Delete	NAME DA	/T/S	et	Change		
· · · · · · · · · · · · · · · · · · ·	***==== , * *		PADGHAM, ROBERT 2827 SE IGTH PL				
CITY-ST-ZIP CAPE CORAL FL*33914 ** **		CITY-ST-ZIP	IPE CORAL, F	L 33904	·	_	
TITLE VD	☑ Delete	TITLE D	10.10=10=0	LUCK	Change 🖺		
NAME ROSENSTERN, FRANK STREET ADDRESS: 708 TWIN OAKS DRIVE	_ '			EVANGELISTA, NICK 422 SW 20TH ST			
CITY-ST-ZIP TEMPLE TX 76504		CITY-ST-ZIP CA	PE CORAL, F				
TITLE PTD	☐ Delete	TITLE " P	D		Change 🗆		
NAME WRIGHT, DAVID STREET ADDRESS 1625 SW 32ND ST		NAME STREET ADDRESS	RIGHT, DAVID	ŚT			
CITY-ST-ZIP CAPE CORAL FL 33914		CITY-ST-ZIP CAL	PE CORAL, FI	L,33914			
TITLE	☐ Delete	TITLE D		<u>. </u>	Change		
NAME CARSES ADDRESS		NAME TA	YLOR, JOE 39 SEZND T	i=22			
STREET ADDRESS CITY-ST-ZIP	•	CITY-ST-ZIP	PE CORAL ,)		
TITLE	☐ Delete	TITLÉ			Change		
NAME		NAME OTDEST ADDRESS					
STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS					
{ LIII-5 -ZIF }		CITY-ST-ZIP	•		•		
TITLE	☐ Delete	CITY-ST-ZIP TITLE	· ·		Change	ļ •	
TITLE NAME	☐ Delete	TITLE NAME	<u>.</u>		Change	ļ *	
TITLE	☐ Delete	TITLE	·		Change	! *	

I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that 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 the receiver or trustee empowered next cut 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.

| GNATURE: | SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date | Date | Dayling Phone #

SIGNATURE: