

DOCUMENT # N39076

1. Entity Name  
CHRISTIAN LIFE FELLOWSHIP OF LEE COUNTY, INC.

Principal Place of Business      Mailing Address  
1629 SE 47TH ST      1629 SE 47 ST  
CAPE CORAL FL 33904      CAPE CORAL FL 33904  
US      US

2. Principal Place of Business      3. Mailing Address  
Suite, Apt. #, etc.      Suite, Apt. #, etc.  
City & State      City & State  
Zip      Country      Zip      Country

**FILED**  
**Jan 09, 2001 8:00 am**  
**Secretary of State**  
01-09-2001 90016 031 \*\*\*\*70.00



DO NOT WRITE IN THIS SPACE

4. FEI Number      Applied For  
**65-0238536**      Not Applicable  
5. Certificate of Status Desired      ☒      \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
WRIGHT, DAVID E II  
1629 SE 47TH ST  
CAPE CORAL FL 33904

7. Name and Address of New Registered Agent  
Name      **COMER, DAVID L.**  
Street Address (P.O. Box Number is Not Acceptable)  
**1629 S.E. 47<sup>TH</sup> ST.**  
City      **CAPE CORAL**      FL      Zip Code      **33904**

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]*      **PASTOR - PRESIDENT**      **1-3-01**  
Signature, typed or printed name of registered agent and title if applicable.      (NOTE: Registered Agent signature required when reinstating)      DATE

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE	SECRETARY / TREASURER / DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOE TAYLOR	
STREET ADDRESS	1839 SE 2ND TERR.	
CITY - ST - ZIP	CAPE CORAL, FL. 33990	
TITLE	PRESIDENT / DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DAVID COMER	
STREET ADDRESS	1625 SW 32ND ST	
CITY - ST - ZIP	CAPE CORAL, FL. 33914	
TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DAN HONG	
STREET ADDRESS	7021 HOWARD ROAD	
CITY - ST - ZIP	BOKEELIA, FL. 33922	

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:      *[Signature]*      **DAVID COMER**      **PRESIDENT**      **1-3-01**      **(941) 542-7700**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #