2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Jan 20, 2004 8:00 am Secretary of State 01-20-2004 90077 029 ****61.25

1. Entity Nam	MENT # N39076 AN LIFE FELLOWSHIP OF	LEE CO	UNTY, INC.				~ <u></u>	4 iu c.	,2)	01.23
Principal Place of Business Mailing Address 1629 SE 47TH ST 1629 SE 47 ST CAPE CORAL, FL 33904 US CAPE CORAL, FL 3390				14 US	S					KIIDI SLIGGI
2. Principal Place of Business		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.				01152004	Chg-NP	CR2E03	7 (10/03)	
City & State		City & State			4. FEI Numbe 65-0238			<u> </u>	oplied For ot Applicable	
Zip	Country	Zip		Cou	untry	<u> </u>	of Status Desired		\$8.75 Add Fee Require	
	6. Name and Address of Current	Registered	Agent			7. Name and	Address of New	Registered #	gent	
COMERI	DAVID ŧ				Name					
COMER, DAVID L. 1629 S.E. 47TH ST CAPE CORAL, FL 33904				Street Address (P.O. Box Number is Not Acceptable)						
					City			FL	Zip Cod	
8. The above the obligat	e named entity submits this statement for tions of registered agent.	or the purpos	e of changing its	registere	ed office or	registered agent, or both	n, in the State of F	Torida. I am f	amiliar with,	and accept
SIGNATURE										
	Signature, typed or printed name of registered ageni	t and title if applica	able. (NOTE	: Registere	ed Agent signatur	re required when reinstating)		DATE		
3.5	Signature, typed or printed name of registered agent	t and title if applica	able. (NOTE	: Registere	ed Agent signatur	re required when reinstating)	, , , , , , , , , , , , , , , , , , , ,	DATE		
N.	Signature, typed or printed name of registered agen Filling Fee is \$61.25 Due by May 1, 2004	it and title if applica	9. Election Can Trust Fund C	npaign F	inancing	\$5.00 May Be Added to Fees		DATE Make check orida Depart		
10.	Filing Fee is \$61.25		9. Election Can	npaign F	Financing tion.	\$5.00 May Be	Flo	Make check orida Depart	ment of S	tate
	Filing Fee is \$61.25 Due by May 1, 2004		9. Election Can	npaign F Contributi	Financing tion.	\$5.00 May Be Added to Fees	Flo	Make check orida Depart	ment of S	tate
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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 of powered 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:

David Come