

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2005 8:00 am
Secretary of State

02-16-2005 90023 006 ****61.25

DOCUMENT # N39076

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



Principal Place of Business

1629 SE 47TH ST
CAPE CORAL, FL 33904 US

Mailing Address

1629 SE 47 ST
CAPE CORAL, FL 33904 US

40019095



01042005 No Chg-NP CR2E037 (10/03)

4. FEI Number
65-0238536

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

COMER, DAVID L.
1629 S.E. 47TH ST
CAPE CORAL, FL 33904

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DTS
NAME	SEAMAN, JIM
STREET ADDRESS	1425 SE 30TH TERRACE
CITY-ST-ZIP	CAPE CORAL, FL 33904
TITLE	PD
NAME	COMER, DAVID
STREET ADDRESS	2210 SW 23RD CT.
CITY-ST-ZIP	CAPE CORAL, FL 33991
TITLE	D
NAME	TAYLOR, JOE
STREET ADDRESS	11646 ROYAL TEE CIRCLE
CITY-ST-ZIP	CAPE CORAL, FL 33991
TITLE	D
NAME	STICKNEY, JACK
STREET ADDRESS	2326 SE 28TH ST.
CITY-ST-ZIP	CAPE CORAL, FL 33904
TITLE	D
NAME	MILEFF, JOHN
STREET ADDRESS	4811 SW 8TH PL. #E103
CITY-ST-ZIP	CAPE CORAL, FL 33914
TITLE	D
NAME	FELBER, THOMAS
STREET ADDRESS	3331 S.E. 22 ND PLACE
CITY-ST-ZIP	CAPE CORAL, FL 33904

**DO NOT WRITE
IN THIS SPACE**

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: David Comer David Comer

2/10/05 (239) 542-7770