


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 09, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 709313</b>	
1. Entity Name <b>THE GRACE BRETHREN CHURCH OF FORT MYERS, FLORIDA, INC.</b>	

Principal Place of Business <b>2141 CRYSTAL DRIVE FORT MYERS, FL 33907</b>	Mailing Address <b>2141 CRYSTAL DRIVE FORT MYERS, FL 33907</b>
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03042005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-1420071</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  <b>SHIPLEY, STEVEN 2366 CHANDLER AVE FT. MYERS, FL 33907</b>	<b>DO NOT WRITE IN THIS SPACE</b>
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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 Steven Shipley [Signature] 3/6/05  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing) DATE

<b>Filing Fee is \$61.25 Due by May 1, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV SHIPLEY, STEVEN 2366 CHANDLER AVENUE FT MYERS, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT SHAFFER, EDWARD J 217 OREGON WAY LEHIGH ACRES, FL 33936
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS DEFFET, THOMAS 2148 ALDRIDGE AVE FT MYERS, FL 33907
TITLE NAME STREET ADDRESS CITY-ST-ZIP	FO WEBB, STEPHEN 8317 HOFSTRA CT FORT MYERS, FL 33919
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000258962  
03/09/05-80035-014 61.25

**DO NOT WRITE  
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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)(f), 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: Edward J. Shaffer Edward J Shaffer 3/6/05 239-303-1672  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #