

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 05, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # 709313**

1. Entity Name  
**THE GRACE BRETHREN CHURCH OF FORT MYERS,  
FLORIDA, INC.**



Principal Place of Business  
**2141 CRYSTAL DRIVE  
FORT MYERS, FL 33907**

Mailing Address  
**2141 CRYSTAL DRIVE  
FORT MYERS, FL 33907**



01172007 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-1420071**

Applied For
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**SHIPLEY, STEVEN  
2366 CHANDLER AVE  
FT. MYERS, FL 33907**

**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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	DV
NAME	SHIPLEY, STEVEN
STREET ADDRESS	2366 CHANDLER AVENUE
CITY-ST-ZIP	FT MYERS, FL

TITLE	DT
NAME	SHAFFER, EDWARD J
STREET ADDRESS	217 OREGON WAY
CITY-ST-ZIP	LEHIGH ACRES, FL 33936

TITLE	DS
NAME	DEFFET, THOMAS
STREET ADDRESS	2148 ALDRIDGE AVE
CITY-ST-ZIP	FT MYERS, FL 33907

TITLE	FO
NAME	WEBB, STEPHEN
STREET ADDRESS	6317 HOFSTRA CT
CITY-ST-ZIP	FORT MYERS, FL 33919

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000621730  
02/12/07-80028-018 61.25

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*2/3/07*  
Date

*239-671-6027*  
Daytime Phone #