

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N39076

FILED
Mar 17, 2009
Secretary of State

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

Current Principal Place of Business:

1200 SW 20TH AVE
CAPE CORAL, FL 33991 US

New Principal Place of Business:

Current Mailing Address:

1200 SW 20TH AVE
CAPE CORAL, FL 33991 US

New Mailing Address:

FEI Number: 65-0238536

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

COMER, DAVID L
1200 SW 20TH AVE
CAPE CORAL, FL 33904 US

Name and Address of New Registered Agent:

COMER, DAVID L
1200 SW 20TH AVE
CAPE CORAL, FL 33991 US

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:

03/17/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DTS () Delete
Name: SEAMANS, HENRY J
Address: 1425 SE 30TH TERRACE
City-St-Zip: CAPE CORAL, FL 33904

Title: PD () Delete
Name: COMER, DAVID
Address: 2210 SW 23RD CT.
City-St-Zip: CAPE CORAL, FL 33991

Title: D () Delete
Name: TEUBER, STEVEN
Address: 918 SE 23RD PL
City-St-Zip: CAPE CORAL, FL 33990

Title: D () Delete
Name: MILES, TIM
Address: 5804 SW 1ST PL
City-St-Zip: CAPE CORAL, FL 33914

Title: D () Delete
Name: TROYER, SAM
Address: 4102 SE 3RD AVE
City-St-Zip: CAPE CORAL, FL 33904

Title: D () Delete
Name: GARFALL, WILL
Address: 14930 DAVID DR
City-St-Zip: FORT MYERS, FL 33908

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: JONES, JARON
Address: 3236 LAZY PINE WAY
City-St-Zip: CAPE CORAL, FL 33909

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID L COMER

PRES

03/17/2009

Electronic Signature of Signing Officer or Director

Date