

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N39076

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

**Current Principal Place of Business:**

1200 SW 20TH AVE  
CAPE CORAL, FL 33991

**Current Mailing Address:**

1200 SW 20TH AVE  
CAPE CORAL, FL 33991 US

**FEI Number:** 65-0238536

**Certificate of Status Desired:** No

**Name and Address of Current 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Officer/Director Detail :**

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

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

Title D  
Name MASTERS, CORY  
Address 2325 SW 27TH TERRACE  
City-State-Zip: CAPE CORAL FL 33914

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

Title D  
Name PISELLO, GEORGE  
Address 329 SE 28TH TERRACE  
City-State-Zip: CAPE CORAL FL 33904

Title DIRECTOR  
Name CARSON, JAMES  
Address 1100 CULTURAL PKWY  
City-State-Zip: CAPE CORAL FL 33990

*I hereby 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 all other like empowered.*

**SIGNATURE:** DAVID L COMER

**PRESIDENT**

**02/21/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date