

**2017 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	DIRECTOR	Title	PRESIDENT, DIRECTOR
Name	SEAMANS, HENRY J	Name	COMER, DAVID
Address	1425 SE 30TH TERRACE	Address	2210 SW 23RD CT.
City-State-Zip:	CAPE CORAL FL 33904	City-State-Zip:	CAPE CORAL FL 33991
Title	SECRETARY, TREASURER, DIRECTOR	Title	DIRECTOR
Name	MASTERS, CORY	Name	PISELLO, GEORGE
Address	2325 SW 27TH TERRACE	Address	329 SE 28TH TERRACE
City-State-Zip:	CAPE CORAL FL 33914	City-State-Zip:	CAPE CORAL FL 33904

*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 COMER

**PRES.**

**01/26/2017**

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

\_\_\_\_\_  
Date