

2015 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	D
Name	MASTERS, CORY
Address	2325 SW 27TH TERRACE
City-State-Zip:	CAPE CORAL FL 33914

Title	D
Name	PISELLO, GEORGE
Address	329 SE 28TH 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	TROYER, SAM
Address	4102 SE 3RD AVE
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 COMER**PRESIDENT****01/19/2015**_____
Electronic Signature of Signing Officer/Director Detail_____
Date