

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 27, 2004 08:00 AM
Secretary of State

DOCUMENT # 702322	
1. Entity Name TROPIC ISLES BAPTIST CHURCH INC	

Principal Place of Business 4801 ORANGE GROVE BLVD NORTH FORT MYERS, FL 33903 US	Mailing Address 4801 ORANGE GROVE BLVD NORTH FORT MYERS, FL 33903 US
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DO NOT WRITE IN THIS SPACE



07072004 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-1533719	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**CAMPBELL, ELWYN D
2556 MACON CIRCLE
FORT MYERS, FL 33917**

**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: *Elwyn D. Campbell* DATE: 08-24-04

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

**Filing Fee is \$61.25
Due by September 8, 2004**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CAMPBELL, ELWYN D. 2556 MACON CIRCLE NORTH FORT MYERS, FL 33917
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD KLINGENSMITH, THOMAS L 966 ORANGE BLOSSOM LANE NORTH FORT MYERS, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ISBELL, JAY B 811 SE 34TH TERR CAPE CORAL, FL 33904
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

U00000171004
08/27/04-80001-017 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 lines empowered.

SIGNATURE: *Elwyn D. Campbell* DATE: 08-24-04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR