

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2005 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**



01112005 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**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

I, 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

Signature, typewritten printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3-21-05

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME CAMPBELL, ELWYN D.
STREET ADDRESS 2556 MACON CIRCLE
CITY-ST-ZIP NORTH FORT MYERS, FL 33917

TITLE TD
NAME KLINGENSMITH, THOMAS L
STREET ADDRESS 966 ORANGE BLOSSOM LANE
CITY-ST-ZIP NORTH FORT MYERS, FL

TITLE SD
NAME ISBELL, JAY B
STREET ADDRESS 811 SE 34TH TERR
CITY-ST-ZIP 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

U00000293333
04/08/05-80024-016 61.25

**DO NOT WRITE
IN THIS SPACE**

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 like empowered.

SIGNATURE

Elwyn D. Campbell

3-21-05