

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 17, 2007 8:00 am
Secretary of State

04-17-2007 90050 023 ****61.25

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



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/06)

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

7. Name and Address of New Registered Agent

CAMPBELL, ELWYN D
2556 MACON CIRCLE
FORT MYERS FL 33917

Name

Marion W. Wilmington

Street Address (P.O. Box Number is Not Acceptable)

712 Camellia Drive

City

North Fort Myers

FL

Zip Code

33903

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

Marion W. Wilmington

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when registering)

DATE

4/1/07

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

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

TITLE TD ☐ Delete
NAME KLINGENSMITH, THOMAS L
STREET ADDRESS 966 ORANGE BLOSSOM LANE
CITY-STATE-ZIP NORTH FORT MYERS FL 33903

TITLE SD ☐ Delete
NAME SEARLES, BARBARA
STREET ADDRESS 4877 ORANGE GROVE BLVD
CITY-STATE-ZIP NORTH FORT MYERS FL 33903

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☒ Addition
NAME Marion W. Wilmington
STREET ADDRESS 712 Camellia Drive
CITY-STATE-ZIP North Fort Myers, FL 33903

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

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NAME
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

John E. Smith

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-30-07 (239)243-7079

Date

Daytime Phone #