FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY 30 AM 8:15

DOCUMENT # **707085** **(7)**

1. Corporation Name

CHILD EVANGELISM FELLOWSHIP OF LEE COUNTY, INC.

Principal Place of Business	Mailing Address
1210 46TH LANE S. E. CAPE CORAL FL 33904	P O BOX 981 CAPE CORAL FL 33910 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/31/1964
3a. Date of Last Report: 02/09/1994
4. FEI Number: 59-1566042 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business (21)
Suite, Apt. #, etc. (22)
City & State (23)
Zip (24) Country (25)

2a. Mailing Address (26)
Suite, Apt. #, etc. (27)
City & State (28)
Zip (29) Country (30)

9. Name and Address of Current Registered Agent

NOON, ANITA FAYE
2400 KENT STREET
FT. MYERS FL 33907

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	D
NAME	NOON, ANITA FAYE
STREET ADDRESS	2400 KENT AVE.
CITY-ST-ZIP	FT MYERS FL
TITLE	TD
NAME	MASON, RICHARD
STREET ADDRESS	899 IRIS DR
CITY-ST-ZIP	N FT MYERS FL
TITLE	S
NAME	CARLSON, JEANETTE
STREET ADDRESS	2336 DOVER AVENUE
CITY-ST-ZIP	FT MYERS FL
TITLE	CD
NAME	MASON, SANDRA
STREET ADDRESS	899 IRIS DR
CITY-ST-ZIP	N FT MYERS FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
11 TITLE	D	☐ Change XX Addition
12 NAME	JACKSON, GEORGE E	
13 STREET ADDRESS	3164 AUBURN BLVD	
14 CITY-ST-ZIP	PORT CHARLOTTE, FL 33948	
21 TITLE	TD	☐ Change XX Addition
22 NAME	WALKER, KATHRYN O	
23 STREET ADDRESS	1636 SAVONA PKWY	
24 CITY-ST-ZIP	CAPE CORAL, FL 33904	
31 TITLE		XX Change ☐ Addition
32 NAME	MASON, RICHARD	
33 STREET ADDRESS	899 iris dr	
34 CITY-ST-ZIP	N FT MYERS, FL	
41 TITLE		☐ Change ☐ Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		☐ Change ☐ Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		☐ Change ☐ Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Kathryn O. Walker 5/22/95 813-945-0811
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — (Daytime Phone #)
KATHRYN O. WALKER

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