FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996

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

100001776631
-04/11/96--01048--013
***61.25

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

3. Date Incorporated or Qualified: 03/31/1964

3a. Date of Last Report: 05/30/1995

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:

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

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: JACKSON, GEORGE EDWARD
82 Street Address (P.O. Box Number is Not Acceptable): 3164 AUBURN BLVD.
83: Port Charlotte
84 City: FL 85 Zip Code: 33948

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: George Jackson — DATE: 4/8/96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☒ DELETE	1.1 TITLE	D	☒ Change ☐ Addition
NAME	NOON, ANITA FAYE		1.2 NAME	JACKSON, GEORGE EDWARD	
STREET ADDRESS	2400 KENT AVE.		1.3 STREET ADDRESS	3164 AUBURN Blvd	
CITY-ST-ZIP	FT MYERS FL		1.4 CITY-ST-ZIP	Port Charlotte FL 33948	
TITLE	TD	☒ DELETE	2.1 TITLE	C/D	☒ Change ☐ Addition
NAME	MASON, RICHARD		2.2 NAME	MASON, SANDRA	
STREET ADDRESS	899 IRIS DR		2.3 STREET ADDRESS	899 IRIS DR	
CITY-ST-ZIP	N FT MYERS FL		2.4 CITY-ST-ZIP	N FT MYERS FL 33903	
TITLE	S	☒ DELETE	3.1 TITLE	T/D	☒ Change ☐ Addition
NAME	MASON, RICHARD		3.2 NAME	WALKER, KATHRYN O	
STREET ADDRESS	899 IRIS DR		3.3 STREET ADDRESS	1636 SAVONA PKWY	
CITY-ST-ZIP	N FT MYERS FL		3.4 CITY-ST-ZIP	CAPE CORAL FL 33904	
TITLE	CD	☐ DELETE	4.1 TITLE	S/D	☐ Change ☒ Addition
NAME	MASON, SANDRA		4.2 NAME	CARLSON, JEANETTE	
STREET ADDRESS	899 IRIS DR		4.3 STREET ADDRESS	2336 DOVER AVE	
CITY-ST-ZIP	N FT MYERS FL		4.4 CITY-ST-ZIP	FT MYERS FL 33907	
TITLE	D	☐ DELETE	5.1 TITLE	D	☐ Change ☒ Addition
NAME	JACKSON, GEORGE E		5.2 NAME	MARJORIE Gudikunst	
STREET ADDRESS	3164 AUBURN BLVD		5.3 STREET ADDRESS	3901 SE 11 place #102	
CITY-ST-ZIP	PT CHARLOTTE FL		5.4 CITY-ST-ZIP	CAPE CORAL FL 33904	
TITLE	TD	☐ DELETE	6.1 TITLE	D	☐ Change ☒ Addition
NAME	WALKER, KATHRYN O		6.2 NAME	EUGENE FRANCIS	
STREET ADDRESS	1636 SAVONA PKWY		6.3 STREET ADDRESS	1501 NE 13th ST	
CITY-ST-ZIP	CAPE CORAL FL		6.4 CITY-ST-ZIP	CAPE CORAL FL 33909	

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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)(k), 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: George Jackson — 3/25/96 — (941) 945-0811
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #