

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2004 8:00 am
Secretary of State

04-05-2004 90019 016 ***61.25

DOCUMENT # 707085

1. Entity Name
**CHILD EVANGELISM FELLOWSHIP OF LEE COUNTY,
INC.**



Principal Place of Business
1210 46TH LANE S. E.
CAPE CORAL, FL 33904

Mailing Address
P O BOX 100981
CAPE CORAL, FL 33910 US

54026635



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02112004 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
59-1566042

Applied For
Not Applicable

Zip

Country

Zip

Country

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

FROOK, JANE
9101 SW LIPE RD.
ARCADIA, FL 34269

Name

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

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☐ Delete
NAME FROOK, JANE
STREET ADDRESS 9101 SW LIPE RD.
CITY-ST-ZIP ARCADIA, FL 34269

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

TITLE CD ☐ Delete
NAME PARSONS, ROBERT K
STREET ADDRESS 15485-7 ADMIRALTY CIR.
CITY-ST-ZIP NORTH FORT MYERS, FL 33917

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

TITLE T ☐ Delete
NAME WALKER, KATHRYN O
STREET ADDRESS 1636 SAVONA PKWY
CITY-ST-ZIP CAPE CORAL, FL 33904

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

TITLE S ☐ Delete
NAME GUDIKUNST, MARJORIE M
STREET ADDRESS 3901 SE 11TH PL. #102
CITY-ST-ZIP CAPE CORAL, FL 33904

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

TITLE AT ☐ Delete
NAME NORMAN, LES
STREET ADDRESS 171 SW 51ST TERR
CITY-ST-ZIP CAPE CORAL, FL 33914

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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:

Kathryn O. Walker
Kathryn O. Walker TREAS

4-1-04 239-542-7427

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #