

ANNUAL REPORT

DOCUMENT # 707085

1. Entity Name

CHILD EVANGELISM FELLOWSHIP OF LEE COUNTY,
INC.Apr 16
Sec

Principal Place of Business

1210 46TH LANE S. E.
CAPE CORAL, FL 33904

Mailing Address

P O BOX 100981
CAPE CORAL, FL 33910 US

01052005 No Chg-NP

CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-1566042

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FROOK, JANE
9101 SW LIPE RD.
ARCADIA, FL 34269DO NOT WRITE
IN THIS SPACE

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 true if applicable.

(NOTE: Registered Agent signature required when reconstituting)

DATE

Filing Fee is \$61.25
Due by May 1, 20059. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to Fees

000000303365

04/16/05-80033-025 61.25

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	FROOK, JANE
STREET ADDRESS	9101 SW LIPE RD.
CITY-ST-ZIP	ARCADIA, FL 34269
TITLE	CD
NAME	PARSONS, ROBERT K
STREET ADDRESS	15485-7 ADMIRALTY CIR.
CITY-ST-ZIP	NORTH FORT MYERS, FL 33917
TITLE	T
NAME	WALKER, KATHRYN O
STREET ADDRESS	1636 SAVONA PKWY
CITY-ST-ZIP	CAPE CORAL, FL 33904
TITLE	S
NAME	GUDIKUNST, MARJORIE M
STREET ADDRESS	3901 SE 11TH PL. #102
CITY-ST-ZIP	CAPE CORAL, FL 33904
TITLE	AT
NAME	NORMAN, LES
STREET ADDRESS	171 SW 51ST TERR
CITY-ST-ZIP	CAPE CORAL, FL 33914
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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)(f), 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:

JANE FROOK JANE FROOK

4-12-05

Daytime Phone #

239-945-0811