

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2003 8:00 am
Secretary of State

04-11-2003 90160 044 ****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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

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

FILE NOW: FEE IS \$61.25

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 **NORMA, LES**
STREET ADDRESS **171 SW 51ST TERR.**
CITY-ST-ZIP **CAPE CORAL FL 33914**

TITLE ☒ Change ☐ Addition
NAME **NORMAN, LES**
STREET ADDRESS **171 SW 51st Terr**
CITY-ST-ZIP **CAPE CORAL, FL 33914**

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:

JANE FROOK, DIR. 4/9/2003 (239) 945-0811

CR2E037 (10/02)