


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 24, 2005 08:00 AM**  
**Secretary of State**

|   |   |
|---|---|
| <b>DOCUMENT # 707300</b><br>1. Entity Name<br><b>THE SEA GATE BAPTIST CHURCH OF NAPLES,<br/>FLORIDA, INC.</b> |  |
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|---|---|
| Principal Place of Business<br><b>1010 WHIPPOORWILL LANE<br/>NAPLES, FL 34105</b> | Mailing Address<br><b>1010 WHIPPOORWILL LANE<br/>NAPLES, FL 34105</b> |
|---|---|



03152005 No Chg-NP CR2E037 (10/03)

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| 4. FEI Number<br><b>59-1216867</b>                        | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional Fee Required                  |

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| 6. Name and Address of Current Registered Agent<br><br><b>ODOM, JAMES M.<br/>810 93RD AVE. N.<br/>NAPLES, FL 34108</b> |
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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, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

| 10. OFFICERS AND DIRECTORS                     |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | T<br>RAY, JIM<br>3461 BOLERO WAY<br>NAPLES, FL 34105                 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | T<br>KAMMERAAD, TIMOTHY<br>5220 23RD PLACE, S.W.<br>NAPLES, FL 34116 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>ODOM, JAMES M.<br>810 93RD AVE N<br>NAPLES, FL 34108           |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | T<br>BOSWELL, ALLEN<br>541 GOLDEN GATE BLVD.<br>NAPLES, FL 34120     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |

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03/24/05-80001-001 61.25

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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: James M. Odom DR. JAMES M. ODOM 3-16-05 239-261-6122  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #