

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2004 8:00 am
Secretary of State

02-16-2004 90045 038 ****70.00

DOCUMENT # 707921



1. Entity Name
TEMPLE BAPTIST CHURCH OF LEE COUNTY, INC.

Principal Place of Business
**18841 STATE RD 31
N FT MYERS, FL 33917**

Mailing Address
**18841 STATE RD 31
N FT MYERS, FL 33917**

24011146



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01272004 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
59-1286106

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

**GRIFFITH, KENNETH R
18440 TELEGRAPH CREEK LN
ALVA, FL 33920**

Name

Street Address (P.O. Box Number is Not Acceptable)
7770 DENI DRIVE

City **NORTH FORT MYERS**

FL Zip Code
33917

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]

KENNETH R. GRIFFITH
PRESIDENT

2-5-04

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

(NOTE: Registered Agent's 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

TITLE **TD** ☒ Delete
NAME **QUEEN, ALEXANDER R.**
STREET ADDRESS **124 CONESTOGA TR.**
CITY-ST-ZIP **FORT MYERS, FL 33917**

TITLE **VD** ☐ Delete
NAME **TILLMAN, HENRY**
STREET ADDRESS **2205 CALADIUM RD**
CITY-ST-ZIP **FORT MYERS, FL 33905**

TITLE **PD** ☐ Delete
NAME **GRIFFITH, KENNETH R.**
STREET ADDRESS **18440 TELEGRAPH CREEK LANE**
CITY-ST-ZIP **ALVA, FL 33920**

TITLE **SD** ☐ Delete
NAME **BUTSAVAGE, CHERI L**
STREET ADDRESS **18650 TELEGRAPH CREEK LANE**
CITY-ST-ZIP **ALVA, FL 33920**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **TD** ☐ Change ☒ Addition
NAME **WITHROW, THOMAS E.**
STREET ADDRESS **14037 ST. KITTS**
CITY-ST-ZIP **FORT MYERS, FL 33905**

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

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

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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 another life empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-5-04

Date

Daytime Phone #

239-543-3222