


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 09, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # 709313**

1. Entity Name  
 THE GRACE BRETHREN CHURCH OF FORT MYERS,  
 FLORIDA, INC.



Principal Place of Business  
 2141 CRYSTAL DRIVE  
 FORT MYERS, FL 33907

Mailing Address  
 2141 CRYSTAL DRIVE  
 FORT MYERS, FL 33907

**DO NOT WRITE IN THIS SPACE**



03042005 No Chg-NP CR2E037 (10/03)

4. FEI Number  
 59-1420071

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$6.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SHIPLEY, STEVEN  
 2366 CHANDLER AVE  
 FT. MYERS, FL 33907

**DO 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: Steven Shipley [Signature] 3/6/05

Signature, typed or printed name of registered agent and type if applicable (NOTE: Registered Agent signature required when re-registering) 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	DV
NAME	SHIPLEY, STEVEN
STREET ADDRESS	2366 CHANDLER AVENUE
CITY-ST-ZIP	FT MYERS, FL
TITLE	DT
NAME	SHAFFER, EDWARD J
STREET ADDRESS	217 OREGON WAY
CITY-ST-ZIP	LEHIGH ACRES, FL 33936
TITLE	DS
NAME	DEFFET, THOMAS
STREET ADDRESS	2148 ALDRIDGE AVE
CITY-ST-ZIP	FT MYERS, FL 33907
TITLE	FO
NAME	WEBB, STEPHEN
STREET ADDRESS	8317 HOFSTRA CT
CITY-ST-ZIP	FORT MYERS, FL 33919
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000258962  
 03/09/05-80035-014 61.25

**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: Edward J Shaffer Edward J Shaffer 3/6/05 239-303-1672

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #