
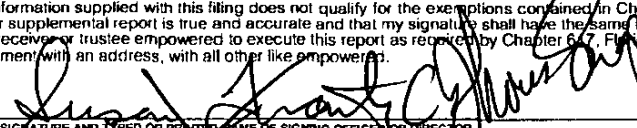


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2006 8:00 am
Secretary of State

01-17-2006 90233 036 ****61.25

DOCUMENT # 715565					
1. Entity Name ST. PETER EVANGELICAL LUTHERAN CHURCH OF FORT MYERS BEACH, FLORIDA, INC.					
Principal Place of Business 3751 ESTERO BLVD FT MYERS BCH, FL 33931			Mailing Address 3751 ESTERO BLVD FT MYERS BCH, FL 33931		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent SNAPP, C. THOMAS 3751 ESTERO BLVD FT MYERS BEACH, FL 33931				7. Name and Address of New Registered Agent	
				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	PD	<input type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WOHLFARTH, KEN		NAME	FRANK MODAFARI	
STREET ADDRESS	9253 GARDEN POINTE		STREET ADDRESS	11341 ZEHNER LANE	
CITY-ST-ZIP	FORT MYERS, FL 33908		CITY-ST-ZIP	FT. MYERS, FL 33908	
TITLE	T	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HESTER, JOYCE E		NAME		
STREET ADDRESS	2 AVENIDA CARITA		STREET ADDRESS		
CITY-ST-ZIP	FORT MYERS BEACH, FL 33931		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WOHLFARTH, KEN		NAME		
STREET ADDRESS	9253 GARDEN POINTE		STREET ADDRESS		
CITY-ST-ZIP	FORT MYERS, FL 33908		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLEMAN, KAREN		NAME		
STREET ADDRESS	1500 POPHAM DRIVE		STREET ADDRESS		
CITY-ST-ZIP	FT. MYERS, FL 33919		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MODAFARI, FRANK		NAME	JIM MARKUSEN	
STREET ADDRESS	11341 ZEHNER LN		STREET ADDRESS	14771 Hole-In-One Circle PH5	
CITY-ST-ZIP	FORT MYERS, FL 33908		CITY-ST-ZIP	FT. MYERS, FL 33931	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 607, 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 empowerment.					
SIGNATURE: 		Date: 1/16/06		Daytime Phone #: 239/463-4251	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

SUSAN FRANTZ C. THOMAS SNAPP