


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90240 008 ****61.25

DOCUMENT # 726500

1. Entity Name
BETHANY EVANGELICAL LUTHERAN CHURCH, INC. OF NORTH FORT MYERS, FLORIDA



Principal Place of Business
**264 EVERGREEN ROAD
 NORTH FORT MYERS, FL 33903**

Mailing Address
**264 EVERGREEN ROAD
 NORTH FORT MYERS, FL 33903**

14011293



2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

01082004 Chg-NP CR2E037 (10/03)

4. FEI Number
59-1482625

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**FRANCIS, JAMES
 264 EVERGREEN
 FORT MYERS, FL 33903**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2004

9. Election Campaign Financing **\$5.00 May Be Added to Fees**

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

| | | |
|----------------|---------------------------------|--|
| TITLE | TD | <input type="checkbox"/> Delete |
| NAME | DUFFY, JOSEPH | |
| STREET ADDRESS | 1100 PONDELLA RD. #305 | |
| CITY-ST-ZIP | FORT MYERS, FL 33903 | |
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | ROTH, ERIC | |
| STREET ADDRESS | 170 S.E. 19TH ST | |
| CITY-ST-ZIP | CAPE CORAL, FL 33990 | |
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | WEDGE, KARLTON | |
| STREET ADDRESS | 15 ESTATE DRIVE | |
| CITY-ST-ZIP | N FT MYERS, FL 33917 | |
| TITLE | SD | <input checked="" type="checkbox"/> Delete |
| NAME | DETTMAN, RICHARD | |
| STREET ADDRESS | 3609 SE 18 AVENUE | |
| CITY-ST-ZIP | CAPE CORAL, FL 33904 | |
| TITLE | PD | <input type="checkbox"/> Delete |
| NAME | FRANCIS, JAMES | |
| STREET ADDRESS | 17100 N. TAMiami TRAIL -LOT 226 | |
| CITY-ST-ZIP | PUNTA GORDA, FL 33955 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|-------------------------|--|
| TITLE | TD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Duffy, Joseph | |
| STREET ADDRESS | 6870 Marna Lane | |
| CITY-ST-ZIP | N. Fort Myers, FL 33917 | |
| TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Halverson, Craig | |
| STREET ADDRESS | 3510 Sabal Springs Blvd | |
| CITY-ST-ZIP | N. Fort Myers, FL 33917 | |
| TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Lothor, Carroll | |
| STREET ADDRESS | 5682 Fox Lake Dr. #5 | |
| CITY-ST-ZIP | N. Fort Myers, FL 33903 | |
| TITLE | SD | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Mitchell, Jack | |
| STREET ADDRESS | 5980 Hillyer Ct. | |
| CITY-ST-ZIP | N. Fort Myers, FL 33903 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Zastrow, Earl | |
| STREET ADDRESS | 3368 N. Key Dr. #2 | |
| CITY-ST-ZIP | N. Fort Myers, FL 33903 | |

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 R. Francis* **4-26-04** **339-995-0988**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

JAMES R. FRANCIS