

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2007 8:00 am
Secretary of State

05-03-2007 90026 029 ****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

401042



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.
 City & State
 Zip Country

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

02132007 Chg-NP CR2E037 (12/06)

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: James Francis (NOTE: Registered Agent signature required when reinstating) DATE: 5/1/07

Filing Fee is \$61.25 Due by May 1, 2007

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 | <input type="checkbox"/> Delete |
| NAME | DUFFY, JOSEPH | |
| STREET ADDRESS | 6870 MARNA LANE | |
| CITY-ST-ZIP | NORTH FORT MYERS, FL 33917 | |
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | HALVERSON, CRAIG | |
| STREET ADDRESS | 3510 SABAL SPRINGS BLVD. | |
| CITY-ST-ZIP | NORTH FORT MYERS, FL 33917 | |
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | LOTHER, CARROLL | |
| STREET ADDRESS | 5682 FOX LAKE DR., #5 | |
| CITY-ST-ZIP | NORTH FORT MYERS, FL 33903 | |
| TITLE | SD | <input type="checkbox"/> Delete |
| NAME | LOZEN, DOUG | |
| STREET ADDRESS | 420 DAYTON AVE | |
| CITY-ST-ZIP | LEHIGH ACRES, FL 33972 | |
| 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 | D | <input type="checkbox"/> Delete |
| NAME | ZASTROW, EARL | |
| STREET ADDRESS | 3368 N KEY DR., #2 | |
| CITY-ST-ZIP | NORTH FORT MYERS, FL 33903 | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|--|---|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| 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 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 empowerment.

SIGNATURE: James Francis DATE: 5/1/07 DAYTIME PHONE #: 239-995-0988