


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2007 8:00 am
Secretary of State

02-23-2007 90034 005 ****61.25

DOCUMENT # 730756					
1. Entity Name FISHERS OF MEN LUTHERAN CHURCH OF PINE ISLAND, LEE COUNTY, FLORIDA, INC.					
Principal Place of Business 10360 STRINGFELLOW RD NW ST JAMES CITY, FL 33956		Mailing Address 10360 STRINGFELLOW RD NW ST JAMES CITY, FL 33956			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2128649	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
LEMKE, ROGER H. 10360 STRINGFELLOW RD NW ST JAMES CITY, FL 33956			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 reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		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 checked="" type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FOGLEMAN, JIM		NAME	SPRYNAL, GEORGE	
STREET ADDRESS	11425 FLINT LN		STREET ADDRESS	2980 BUTONWOOD KEY CT.	
CITY-ST-ZIP	SAINT JAMES CITY, FL 33956		CITY-ST-ZIP	ST. JAMES CITY, FLORIDA 33956	
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	TD APPEL, EDWARD R.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PATRICK, MULLIGAN		NAME	16761 SEAGULL BAY CT.	
STREET ADDRESS	2103 SE 25 TERRACE		STREET ADDRESS	BOKEELIA, FLORIDA 33922	
CITY-ST-ZIP	CAPE CORAL, FL 33904		CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	PD LEMKE, ROGER H.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEMKE, ROGER H.		NAME	2641 EIGHTH AVE	
STREET ADDRESS	5246 GENESSEE PARKWAY		STREET ADDRESS	ST. JAMES CITY, FLORIDA 33956	
CITY-ST-ZIP	BOKEELIA, FL		CITY-ST-ZIP		
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	S SCONE, CHRISTINE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LANDROCHE, LORRAINE		NAME	16294 BOYCE DR.	
STREET ADDRESS	1003 NW 28TH PL		STREET ADDRESS	BOKEELIA, FLORIDA 33922	
CITY-ST-ZIP	CAPE CORAL, FL 33993		CITY-ST-ZIP		
TITLE	V	<input checked="" type="checkbox"/> Delete	TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEBASTIANI, RICHARD		NAME	VITCH, MARGERY	
STREET ADDRESS	11926 PRINCE CHARLES CT		STREET ADDRESS	2701 YORK RD #26	
CITY-ST-ZIP	CAPE CORAL, FL 33991		CITY-ST-ZIP	ST. JAMES CITY, FLORIDA 33956	
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 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: <u>Edward R. Appel</u> EDWARD R. APPEL TREASURER 21 FEB 2007 239-283-8732					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					