

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 06, 2005 8:00 am
Secretary of State

05-06-2005 90087 009 ****61.25

DOCUMENT # 742521

1. Entity Name

**CHRIST THE SERVANT CHURCH OF THE BRETHREN
CAPE CORAL, FLORIDA, INC.**



Principal Place of Business

**1813 EL DORADO PKWY W
CAPE CORAL FL 33914**

Mailing Address

**1813 EL DORADO PKWY W
CAPE CORAL FL 33914**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/04)

4. FEI Number

59-6589375

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SCHULTZ, JOHN G
5412 SKYLINE BLVD
CAPE CORAL FL 33914**

7. Name and Address of New Registered Agent

Name

GARY NEIS

Street Address (P.O. Box Number is Not Acceptable)

4208 SE 7TH AVE

City

CAPE CORAL FL

FL

Zip Code

33904

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2005**

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 **CD** ☒ Delete
NAME **REESE, RON**
STREET ADDRESS **503 NE JUANITA PLACE**
CITY-ST-ZIP **CAPE CORAL FL 33909**

TITLE **TD** ☒ Delete
NAME **SCHULTZ, JOHN G**
STREET ADDRESS **5412 SKYLINE BLVD**
CITY-ST-ZIP **CAPE CORAL FL 33914**

TITLE **MD** ☒ Delete
NAME **NAELITZ, MARY ANN**
STREET ADDRESS **1312 SE 29TH TERRACE**
CITY-ST-ZIP **CAPE CORAL FL 33904**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **CD** ☐ Change ☒ Addition
NAME **KAREN BOGAN**
STREET ADDRESS **1617 SE 13TH TER**
CITY-ST-ZIP **CAPE CORAL FL 33990**

TITLE **TD** ☐ Change ☒ Addition
NAME **GARY NEIS**
STREET ADDRESS **4208 SE 7TH AVE**
CITY-ST-ZIP **CAPE CORAL FL 33904**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

GARY NEIS TREASURER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Chk # 1103
5/1/05*