

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

DOCUMENT # 742521

FILED
Apr 12, 2006 08:00 AM
Secretary of State



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 (10/05)

4. FEI Number

59-6589375

Applied For
Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fees Required

6. Name and Address of Current Registered Agent

NEIS, GARY
4208 SE 7TH AVE
CAPE CORAL FL 33904

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

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

(NOTE: Registered Agent signature required when re-registering)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

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	MD	☐ Delete
NAME	NAELITZ, MARY ANN	
STREET ADDRESS	1312 SE 29TH TERRACE	
CITY-ST-ZIP	CAPE CORAL FL 33904	
TITLE	CD	☐ Delete
NAME	BOGAN, KAREN	
STREET ADDRESS	1617 SE 13TH TER	
CITY-ST-ZIP	CAPE CORAL FL 33990	
TITLE	TD	☐ Delete
NAME	NEIS, GARY	
STREET ADDRESS	4208 SE 7TH AVE	
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	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000505149
04/26/06-80106-009 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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

Gary Neis 4/19/06 239-549-1032