

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 28, 2007 8:00 am
Secretary of State

03-28-2007 90017 031 ****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 - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/06)

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

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

7. Name and Address of New Registered Agent

Name

GIMLIN, Roy

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

3616 SW 15TH AVE.

City

CAPE CORAL

FL

Zip Code

33914-5127

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

Roy C. Gimlin

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

(NOTE: Registered Agent signature required when reinstating)

March 15, 2007

DATE

FILE NOW: 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	MD	<input type="checkbox"/> Delete
NAME	NAELITZ, MARY ANN	
STREET ADDRESS	1312 SE 29TH TERRACE	
CITY- ST- ZIP	CAPE CORAL FL 33904	
TITLE	CD	<input checked="" type="checkbox"/> Delete
NAME	BOGAN, KAREN	
STREET ADDRESS	1617 SE 13TH TER	
CITY- ST- ZIP	CAPE CORAL FL 33990	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	NEIS, GARY	
STREET ADDRESS	4208 SE 7TH AVE	
CITY- ST- ZIP	CAPE CORAL FL 33904	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	CD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHOENDORF, LYNN	
STREET ADDRESS	2223 CORAL POINT DRIVE	
CITY- ST- ZIP	CAPE CORAL, FL 33990	
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GIMLIN, Roy	
STREET ADDRESS	3616 SW 15TH AVE.	
CITY- ST- ZIP	CAPE CORAL, FL 33914-5127	
TITLE	SELT.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GIMLIN, ROSEMARIE	
STREET ADDRESS	3616 SW 15TH AVE.	
CITY- ST- ZIP	CAPE CORAL, FL 33914-5127	
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
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 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:

Roy C. Gimlin

Signature and typed or printed name of signing officer or director

MAR 15, 2007

239-540-7072

Date

Daytime Phone #