

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 742521

FILED
Apr 08, 2009
Secretary of State

Entity Name: CHRIST THE SERVANT CHURCH OF THE BRETHREN CAPE CORAL, FLORIDA, INC.

Current Principal Place of Business:

1813 EL DORADO PKWY W
CAPE CORAL, FL 33914

New Principal Place of Business:

2510 S.E. 16TH PLACE #105
CAPE CORAL, FL 33904

Current Mailing Address:

1813 EL DORADO PKWY W
CAPE CORAL, FL 33914

New Mailing Address:

P.O. BOX 151849
CAPE CORAL, FL 33915

FEI Number: 59-6589375

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GIMLIN, ROY
3616 SW 15TH AVE
CAPE CORAL, FL 33914 US

Name and Address of New Registered Agent:

SCHOENDORF, LYNN
2223 CORAL POINT DRIVE
CAPE CORAL, FL 33990 US

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.

SIGNATURE: LYNN SCHOENDORF

04/08/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: MD () Delete
Name: NAELITZ, MARY ANN
Address: 1312 SE 29TH TERRACE
City-St-Zip: CAPE CORAL, FL 33904

Title: CD () Delete
Name: SCHOENDORF, LYNN
Address: 2223 CORAL POINT DRIVE
City-St-Zip: CAPE CORAL, FL 33990

Title: TD () Delete
Name: GIMLIN, ROY
Address: 3616 SW 15TH AVE
City-St-Zip: CAPE CORAL, FL 339145127

Title: S () Delete
Name: GIMLIN, ROSEMARIE
Address: 3616 SW 15TH AVE
City-St-Zip: CAPE CORAL, FL 339145127

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: C (X) Change () Addition
Name: SCHOENDORF, LYNN
Address: 2223 CORAL POINT DRIVE
City-St-Zip: CAPE CORAL, FL 33990

Title: V (X) Change () Addition
Name: HIPPERT, ROBERT
Address: 2531 BROADWATER ST.
City-St-Zip: MATLACHA, FL 33993

Title: TD (X) Change () Addition
Name: GIMLIN, ROSEMARIE
Address: 3616 SW 15TH AVE
City-St-Zip: CAPE CORAL, FL 33914

Title: P (X) Change () Addition
Name: HILEMAN, LEAH
Address: 2510 S.E. 16TH PLACE #105
City-St-Zip: CAPE CORAL, FL 33904

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LYNN SCHOENDORF

C

04/08/2009

Electronic Signature of Signing Officer or Director

Date