## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

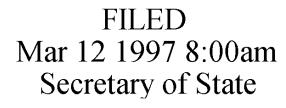
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

755483

(5)

## CORKSCREW RAPTIST CHURCH INCORPORATED



	ONEW DATHOT OHOROT								
Principal Place of Business Mailing Address						- I IODIIII (EODI EIII) EIIKI AIRDI YAID	O HILF OUDJE DI	HI FINI KI	ith Brank Albur 1861
22022 IMMOKAL NAPLES FL 339	22022 IMMOKALEE ROAD NAPLES FL 34120-2414								
						3. Date Incorporated or Qualified 12/10/1980	3a. Da	te of Las 01/25/	t Report 1996
	ace of Business	2a. Mailing Address				4. FEI Number NOT APPLICABLE			Applied For Not Applicable
Suite, Apt. #	t, elc.	Suite, Apt. #, etc.							5 Additional
22		27				5. Certificate of Status Desired			Required
City & State		City & State				6. Election Campaign Financing			00 May Be
23	Country	28				Trust Fund Contribution			ed to Fees
Zip <b>24</b>	Country Zip Cou			ntry		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes			
24	9. Name and Address of Curre		30]			10. Name and Address of New Re			
, <del>-</del>				81	Name			·· · · · · · · · · · · · · · · · · · ·	
KLINE, BOBBY R					Street Addr	ess (P.O. Box Number is Not Acceptal	nie)		
22022 IMMOKALEE ROAD				82	OD OCT MOO	ess (F.O. Box Number is Not Nocopial	5107		
NAPLES	FL 33964			83		· · · · · · · · · · · · · · · · · · ·			
				84	City			85 Z	ip Code
					· · · · · · · · · · · · · · · · · · ·		FL		
office or re agent I an	o the provisions of Sections 617.05 egistered agent, or both, in the State in familiar with, and accept the oblig	ປ2 and 617.1508, Florida Statuti e of Florida. Such change was ຄ gations of, Section 617.0503, Flo	es, the ai authorize orida Stat	oove d by utes	the corporat	poration submits this statement for the lion's board of directors. I hereby acce	pt the app	changin ointment	as registered
SIGNATURE	Signature, typed or printed name of registered ag								
12.	ofgrature, typed or printed hame of registered ag	ND DIRECTORS	:: Hegistered	3 Ager	nt signature requir	red when reinstaling) ADDITIONS/CHANGES TO OFFI	DATE CERS AND	DIRECT	OBS IN 12
TITLE	PD	DELETE	1.1 T!	TLE				Chang	
NAME	KLINE, BOBBY REV.		1.2 N/	ME					
STREET ADDRESS	RT.6 BOX 1857		1.3 STREE		ADDRESS				
CITY-ST ZIP	NAPLES FL		1.4 CI	TY - \$1	T-ZIP				)
TITLE	VO	☐ DELETE	2.1 Ti	TLE				Chang	pe 🔲 Addition
NAME			2.2 N	2.2 NAME					
STREET ADDRESS				2.3 STREET ADDRESS					
CITY-ST-ZIP	IMMOKALEE FL				it-zip			Chanc	l deliles
TITLE	SD Summeralls, Marylou	☐ DELETE	3.1 T/ 3.2 N/			· ·	•	L Criang	e Addition
NAME STREET ADDRESS	3302 CARSON ROAD				ADDRESS				
CITY-ST-ZIP	IMMOKALEE FL		3.4. C		i i				
TITLE	Company Nepro 1 pr	DELETE	4.1 TI		rc 481			☐ Chang	ge Addition
NAME			4. 2 N	IAME				•	
STREET ADDRESS					ADDRESS				
CITY · S1 - ZIP			4.4 CI	TY-51	T-ZIP				
TITLE		☐ DELETE	5.1 TI	TLE				Chang	je 🗌 Addition
NAME			5.2 N	AME					
STREET ADDRESS					ADDRESS				
CITY - ST - ZIP		DELETE			T-ZIP			Dha-	na Andritin -
TITLE		T DETEIF	6.1 TI		ĺ			Chang	ge [] Addition
NAME OTREET ADDRESSE			6.2 N		ADDRESS				
STREET ADDRESS					ADDRESS				
City-St-ZiP 14. I do hereb	y certify that the information supplie	ed with this filing does not quali	6.4 C fy for the			d in Section 119.07(3)(i), Florida Statute	s. I furthe	r certify th	nat the

information indicated on this annual report or supplemental annual 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 empoying do execute this report as required by Chapter 617, Florida Statutes; and that my pame appears in Block 12 or Block 13 if chapter or my arritatechment with an address.

SIGNATURE

HARD Rev. Bobby KliNe

2/97 375