

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 15, 2004 08:00 AM
Secretary of State

DOCUMENT # 755483

1. Entity Name
CORKSCREW BAPTIST CHURCH INCORPORATED



Principal Place of Business
**22022 IMMOKALEE ROAD
NAPLES, FL 34120 US**

Mailing Address
**22022 IMMOKALEE ROAD
NAPLES, FL 34120 US**



03102004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**KLINE, BOBBY R
22022 IMMOKALEE ROAD
NAPLES, FL 34120**

**DO NOT WRITE
IN THIS SPACE**

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

(NOTE: Registered Agent signature required when reinstating)

3-11-04
DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

**000000088661
03/15/04-80060-011 61.25**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD KLINE, BOBBY REV. 22022 IMMOKALEE RD NAPLES, FL 34120
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD SUMMERALLS, CURTIS 4821 42ND ST NAPLES, FL 34120
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD SUMMERALLS, MARYLOU 3302 CARSON ROAD IMMOKALEE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 & changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Bobby Kline
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-11-04 (239)348-8855
Date Daytime Phone #