

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2007 8:00 am
Secretary of State

01-16-2007 90264 026 ****61.25

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**

DO NOT WRITE IN THIS SPACE



01042007 No Chg-NP

CR2E037 (4/06)

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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME KLINE, BOBBY REV.
STREET ADDRESS 22022 IMMOKALEE RD
CITY-ST-ZIP NAPLES, FL 34120

TITLE VD
NAME SUMMERALLS, CURTIS
STREET ADDRESS 4821 42ND ST
CITY-ST-ZIP NAPLES, FL 34120

TITLE SD
NAME SUMMERALLS, MARYLOU
STREET ADDRESS 3302 CARSON ROAD
CITY-ST-ZIP 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 exemptions contained 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 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: *Bobby Kline* **Bobby Kline** 1-5-07 239-455-1204
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #