

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 755483

FILED
Feb 04, 2009
Secretary of State

Entity Name: CORKSCREW BAPTIST CHURCH INCORPORATED

Current Principal Place of Business:

22022 IMMOKALEE ROAD
NAPLES, FL 34120 US

New Principal Place of Business:

Current Mailing Address:

22022 IMMOKALEE ROAD
NAPLES, FL 34120 US

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: KLINE, BOBBY REV.,
Address: 22022 IMMOKALEE RD
City-St-Zip: NAPLES, FL 34120

Title: VD () Delete
Name: SUMMERALLS, CURTIS
Address: 4821 42ND ST
City-St-Zip: NAPLES, FL 34120

Title: SD () Delete
Name: SUMMERALLS, MARYLOU,
Address: 3302 CARSON ROAD
City-St-Zip: IMMOKALEE, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: REV. BOBBY KLINE

PD

02/04/2009

Electronic Signature of Signing Officer or Director

Date