

2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
Jan 31, 2005 8:00 am
Secretary of State

01-31-2005 90079 050 ****61.25

DOCUMENT # N04000011447

1. Entity Name
GREATEST COMMANDMENTS FOUNDATION, INC.



Principal Place of Business
**20851 MYSTIC WAY
NORTH FT. MYERS, FL 33917**

Mailing Address
**20851 MYSTIC WAY
NORTH FT. MYERS, FL 33917**

50008251



01052005 Chg-NP CR2E037 (10/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

20-1984643

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**STRAUSS, JEROME M
5150 TAMiami TRAIL N.
SUITE 402
NAPLES, FL 34103**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Jerome M. Strauss

1-12-05

Filing Fee is \$61.25
Due by May 1, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Clark, Lawrence N.
STREET ADDRESS	20851 Mystic Way
CITY - ST - ZIP	North Ft. Myers, FL 33917
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Clark, Patricia M.
STREET ADDRESS	20851 Mystic Way
CITY - ST - ZIP	North Ft. Myers FL 33917
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Strauss, Jerome M.
STREET ADDRESS	5150 Tamiami Trail N., Suite 402
CITY - ST - ZIP	Naples, FL 34103
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Clark, Gregory W.
STREET ADDRESS	4024 Castle Creek
CITY - ST - ZIP	Round Rock, TX 78681
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Long, Karen
STREET ADDRESS	2809 Meadow Ave.
CITY - ST - ZIP	Norman, OK 73012
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Sandra Clark
STREET ADDRESS	4024 Castle Creek
CITY - ST - ZIP	Round Rock, TX 78681

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Lawrence N. Clark, Jr.

Lawrence N. Clark, Jr.

1/28/05

(239) 543-4836

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #