

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 09, 2005 08:00 AM
Secretary of State

DOCUMENT # N04738

1. Entity Name

**FRANK BURRELLI EVANGELISTIC ASSOCIATION
MINISTRIES, INC.**



Principal Place of Business

C/O DR. FRANK R. BURRELLI
830 SANTA BARBARA BLVD.
CAPE CORAL FL 33991

Mailing Address

C/O DR. FRANK R. BURRELLI
830 SANTA BARBARA BLVD.
CAPE CORAL FL 33991

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



1st MOORE

CR2E037 (10/04)

4. FEI Number

59-2450167

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**BURRELLI, FRANK DR.
830 SANTA BARBARA BLVD.
CAPE CORAL FL 33991**

7. Name and Address of New Registered Agent

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

**FILE NOW: 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 PD ☐ Delete
NAME BURRELLI, FRANK R
STREET ADDRESS 830 SANTA BARBARA BLVD.
CITY- ST- ZIP CAPE CORAL FL 33991

TITLE V ☐ Delete
NAME BURRELLI, CAROL
STREET ADDRESS 830 SANTA BARBARA BLVD
CITY- ST- ZIP CAPE CORAL FL 33991

TITLE ST ☐ Delete
NAME BURRELLI, CAROL
STREET ADDRESS 830 SANTA BARBARA BLVD.
CITY- ST- ZIP CAPE CORAL FL 33991

TITLE D ☐ Delete
NAME BROWN, THOMAS
STREET ADDRESS 27031 PINE AVE.
CITY- ST- ZIP BONITA SPRINGS FL

TITLE D ☐ Delete
NAME WILLIAMSON, SCOTT
STREET ADDRESS 210 WHIPPERWILL TRAIL
CITY- ST- ZIP FRANKLIN NC 28734

TITLE D ☐ Delete
NAME GOINS, DAVID
STREET ADDRESS 1524 SE 41ST ST.
CITY- ST- ZIP CAPE CORAL FL

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME 000000256721
STREET ADDRESS 03/09/05-80025-012 70.00
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
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CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

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: *Frank Burrelli PRES.*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-6-05 239-458-4769

Date

Daytime Phone #