


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 07, 2007 8:00 am
Secretary of State

05-07-2007 90074 024 ****61.25

DOCUMENT # N05000002629			
1. Entity Name THE NEW CHURCH OF SOUTHWEST FLORIDA, INC.			
Principal Place of Business 2801 ESTERO BLVD. FORT MYERS BEACH, FL 33931		Mailing Address 2801 ESTERO BLVD. FORT MYERS BEACH, FL 33931	
2. Principal Place of Business - No P.O. Box # 10811 SUNSET PLAZA CIR #401		3. Mailing Address 10811 SUNSET PLAZA CIR #401	
Suite, Apt. #, etc. #401		Suite, Apt. #, etc. #401	
City & State FORT MYERS, FL		City & State FORT MYERS FL	
Zip 33908		Zip 33908	
Country USA		Country USA	
4. FEI Number 20-2525978		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent COTTON, NADINE REV. 6970 PICKADILLY COURT FORT MYERS, FL 33919		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
Filing Fee is \$61.25 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D TAFEL, LINDA L MS. 15484-2 ADMIRALTY CIR. NORTH FORT MYERS, FL 33917 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <i>Linda L Tafel</i> LINDA L TAFEL		Date: 5/3/07 239-543-2263	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	