2007_NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Apr 04, 2007 8:00 am Secretary of State DOCUMENT # NO8088 1. Entity Name 04-04-2007 90183 019 ****61.25 THE CHURCH AT SIESTA BAY, INC. Principal Place of Business Mailing Address 11766 CARAVEL CIRCLE 11766 CARAVEL CIRCLE FT. MYERS FL 33908 FT. MYERS FL 33908 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/06) City & State City & State 4. FEI Number Applied For 59-2725351 Not Applicable Zip Zio Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name STOCKHAM, SUSAN L Street Address (P.O. Box Number is Not Acceptable) 6775 TIMBERLAND LANE SARASOTA FL 34241 City 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, lyded or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to **\$5.00** May Be Due By May 1, 2007 Trust Fund Contribution. Added to Fees Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. IIILE ☐ Delete ☐ Change Addition NAM KAUFFMAN, RUSSELL R. NAME STREET ADDRESS 11766 CARAVEL CIRCLE STREET ADDRESS CITY-ST-ZIP FT. MYERS FL 33908 CHY-ST-ZIP Change TITLE DIO: ☐ Addition NAME HANST, GEORGENE NAME #301 STREET ADDRESS 16579 CORIANDER STREET ADDRESS CITY - ST- ZIP CHY ST ZIP FT. MYERS FL 33908 IIII ☐ Delete mu ☐ Change ☐ Addition TD NAME NAME BUTZIN, ROSE STREET ADDRESS STREET ADDRESS 16981 SUMMERLIN RD H271 CITY - ST - ZIP CITY-ST-ZIP FT MYERS FL THE □ Delete HILE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY ST-ZIP Delete TITLE □ Change ☐ Addition 11111 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TODE Delete HHE. ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CiTY-ST-7IP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

Russell R. Kauffman March 19,2007 239.466.654

FILED