

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 15, 2008 8:00 am
Secretary of State

04-15-2008 90018 023 ****61.25

DOCUMENT # N08088	
1. Entity Name THE CHURCH AT SIESTA BAY, INC.	
Principal Place of Business 11766 CARAVEL CIRCLE FT. MYERS, FL 33908	Mailing Address 11766 CARAVEL CIRCLE FT. MYERS, FL 33908



60022904



03112008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2725351	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent STOCKHAM, SUSAN L. 6775 TIMBERLAND LANE SARASOTA, FL 34241	DO NOT WRITE IN THIS SPACE
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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 _____

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CD KAUFFMAN, RUSSELL R. 11766 CARAVEL CIRCLE FT. MYERS, FL 33908
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD MILLER, NELDA 11170 CARAVEL CIRCLE #301 FORT MYERS, FL 33908
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD BUTZIN, ROSE 46081 SUMMERLIN RD H271 1515 Harbor Ct. FT MYERS, FL 33908
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/16/08 239-4666540