


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
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DO NOT WRITE IN THIS SPACE

60022904



03112008 No Chg-NP CR2E037 (4/06)

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

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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 46004 SLIMMERLIN 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	

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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: Russell R. Kauffman 3/16/08 239-466-6540
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #