

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N13330

FILED
Mar 30, 2009
Secretary of State

Entity Name: LEE BOULEVARD BAPTIST CHURCH OF LEHIGH ACRES, INC.

Current Principal Place of Business:

3107 LEE BLVD
LEHIGH ACRES, FL 33971 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1237
LEHIGH ACRES, FL 33970

New Mailing Address:

FEI Number: 59-2665108

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DELACRUZ, LUPE
12341 VILLAGIO WAY
FORT MYERS, FL 33912 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: SD () Delete
Name: HOSTETLER, GARY L
Address: 1110 GIFFORD DR.
City-St-Zip: LEHIGH ACRES, FL 33936

Title: PD () Delete
Name: DELACRUZ, LUPE
Address: 12341 VILLAGIO WAY
City-St-Zip: FORT MYERS, FL 33912

Title: T () Delete
Name: EASH, DENNIS
Address: 4210 9TH STREET WEST
City-St-Zip: LEHIGH ACRES, FL 33971

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DENNIS EASH

T

03/30/2009

Electronic Signature of Signing Officer or Director

Date