## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

## Jun 16, 2005 8:00 am Secretary of State DOCUMENT # N17185 1. Entity Name 06-16-2005 90001 020 \*\*\*\*61.25 LAMB OF GOD EPISCOPAL CHURCH OF LEE COUNTY, INC. Principal Place of Business Mailing Address 19691 CYPRESS VIEW DRIVE FORT MYERS FL 33912 19691 CYPRESS VIEW DRIVE FORT MYERS FL 33912 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/04) Applied For City & State City & State 4. FEI Number 59-2765787 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent. 6. Name and Address of Current Registered Agent S. COOTEN RIDDLE, BRIDGET 19691 CYPRESS VIEW DRIVE Street Address (P.O. Box Number is Not Acceptable) FORT MYERS FL 33912 19691 LIDVESS VICW 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 FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Due By May 1, 2005 Added to Fees Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. ☐ Delete V TITLE Change Addition TITLE KIBBEY, LORNA NAME KIBBGY, LURNA 18508 GASTSHORE NAME 18508 ESATSHORE DR. STREET ADDRESS STREET ADDRESS FT. MYERS FL 33912 CITY-ST-ZIP CITY-ST-ZIP ET MYERS, FL 33912 Delete Addition TITLE TUTLE ☐ Change WASHBURN, DAVID KIBBEY, KEITH NAME NAME 18508 GAST SHORE DR 12750 CHARDON CT. STREET ADDRESS STREET ADDRESS FORT MYERS FL 33912 CITY-ST-ZIP CITY-ST-ZIP FT. MYERS FL 33912 TITLE TITLE Delete -Change Addition JOHNSON, KAREN NAME GRK COUTER 6043 PERTHSHIRE LN. 18008 HORJESHOE BAY CIR STREET ADDRESS STREET ADDRESS FORT MYERS FL 33908 CITY-ST-7/P CITY-ST-ZIP FT. MYERS, FL 33912 TITL F Delete TATLE D ☐ Change Addition YOUNG, DENNIS NAME NAME ANNE SMALL PO BOX 07353 STREET ADDRESS STREET ADDRESS 4611 TORREY PINE CT FORT MYERS FL 33913 CITY-ST-ZIP CITY-ST-ZIP ESTERO FL 33428 TITLE Delete TITLE Change ☐ Addition HAMILTON, GREGG NAME NAME YOUNG, DENNIS 11467 PENNBROOK RUN STREET ADDRESS STREET ADDRESS PO BOX 07353 ESTERO FL 33928 CITY-ST-ZIP CITY-ST-ZIP FT MYGKS FL 33913 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 atta<del>chment with</del> an address, with all other like empowered.

SCHATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

FILED