

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N17185

FILED
Feb 09, 2009
Secretary of State

Entity Name: LAMB OF GOD EPISCOPAL CHURCH OF LEE COUNTY, INC.

Current Principal Place of Business:

19691 CYPRESS VIEW DRIVE
FORT MYERS, FL 33912

New Principal Place of Business:

Current Mailing Address:

19691 CYPRESS VIEW DRIVE
FORT MYERS, FL 33912

New Mailing Address:

FEI Number: 59-2765787

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FLEEMAN, R.C.
19691 CYPRESS VIEW DRIVE
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: P () Delete
Name: KIBBEY, LORNA
Address: 18508 EAST SHORE DR.
City-St-Zip: FT. MYERS, FL 33912

Title: D () Delete
Name: SMALL, TOM
Address: 4611 TORREY PINE CT
City-St-Zip: FORT MYERS, FL 33928

Title: D () Delete
Name: WASHBURN, DAVID
Address: 12750 CHARDON COURT
City-St-Zip: FORT MYERS, FL 33912

Title: D () Delete
Name: ZANT, NANCY
Address: 6970 SAINT EDMONDS LOOP
City-St-Zip: FORT MYERS, FL 33913

Title: V () Delete
Name: SMALL, PENNY
Address: 4611 TORREY PINE CT
City-St-Zip: ESTERO, FL 33928

Title: D () Delete
Name: VAN WAGNER, LORI
Address: 18517 TULIP ROAD
City-St-Zip: FORT MYERS, FL 33967

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:

Title: () Change () Addition
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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: LORNA KIBBEY

P

02/09/2009

Electronic Signature of Signing Officer or Director

Date