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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N17762** **(8)**

1. Corporation Name

CONNIE MACK-ALLIE SCHMIDT TENT, SAINTS AND SINNERS OF SOUTHWEST FLORIDA, INC.

Principal Place of Business	Mailing Address
1741 SE 44TH TERRACE P.O. BOX 366 CAPE CORAL FL 33910	1741 SE 44TH TERRACE P.O. BOX 366 CAPE CORAL FL 33910

3. Date Incorporated or Qualified: 11/13/1986

4. FEI Number: 59-2620198 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 2136 SW 14th PLACE	26 P.O. Box 366
Suite, Apt. #, etc. 22 P.O. Box 366	Suite, Apt. #, etc. 27
City & State 23 CAPE CORAL, FL.	City & State 28 CAPE CORAL, FL.
Zip / Country 24 33991 / 25 U.S.	Zip / Country 29 33910 / 30 USA

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

SPRANZA, WILLIAM J.
1741 SE 44 TERRACE
PO BOX 366
CAPE CORAL FL 33904

10. Name and Address of New Registered Agent

81 Name: VECERA, ROBERT W
82 Street Address (P.O. Box Number is Not Acceptable): 1596 WHISKEY CREEK DRIVE
83: P.O. Box 366
84 City: FT MYERS FL 85 Zip Code: 33903

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: Robert W Vecera — 2-14-98
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☒ DELETE	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	SPRANZA, WILLIAM J.		1.2 NAME	LENNON, ROBERT H	
STREET ADDRESS	1741 SE 44TH TERRACE		1.3 STREET ADDRESS	2136 SW 14TH PLACE	
CITY-ST-ZIP	CAPE CORAL FL		1.4 CITY-ST-ZIP	CAPE CORAL, FL. 33991	
TITLE	SD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	NICIFORD, THOMAS G		2.2 NAME		
STREET ADDRESS	3732 SE 2ND PLACE		2.3 STREET ADDRESS		
CITY-ST-ZIP	CAPE CORAL FL		2.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	VECERA, ROBERT W.		3.2 NAME		
STREET ADDRESS	1596 WHISKEY CREEK DR.		3.3 STREET ADDRESS		
CITY-ST-ZIP	FT MYERS FL		3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (10/97)

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Robert W Vecera — Feb. 14, 1998