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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

135455 · 90136 · 23

DOCUMENT # **N17762**

1. Corporation Name

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

Principal Place of Business	Mailing Address
2136 SW 14TH PL P O BOX 366 CAPE CORAL FL 33991 US	P O BOX 366 P.O. BOX 366 CAPE CORAL FL 33910 US

2. Principal Place of Business 21 4809 SW 13th AVE Suite, Apt. #, etc. 22 PO Box 366 City & State 23 CAPE CORAL FL. Zip / Country 24 33914 25 US	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip / Country 29 30	3. Date Incorporated or Qualifed 11/13/1986 4. FEI Number 59-2620198 ☐ Applied For ☐ Not Applicable 5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
VECERA, ROBERT W 1596 WHISKEY CREEK DR P O BOX 366 FT MYERS FL 33903	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 85 Zip Code

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☒ DELETE	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	LENNON, ROBERT H		1.2 NAME	KOHL, KLAUS	
STREET ADDRESS	2136 SW 14TH PL		1.3 STREET ADDRESS	4809 SW 13TH AVE	
CITY-ST-ZIP	CAPE CORAL FL 33991		1.4 CITY-ST-ZIP	CAPE CORAL, FL. 33914	
TITLE	SD	☒ DELETE	2.1 TITLE	SD	☒ Change ☐ Addition
NAME	NICIFORD, THOMAS G		2.2 NAME	MARKS, ROBERT E.	
STREET ADDRESS	3732 SE 2ND PLACE		2.3 STREET ADDRESS	7715 CAMERON CIRCLE	
CITY-ST-ZIP	CAPE CORAL FL		2.4 CITY-ST-ZIP	FT MYERS, FL. 33912	
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 (11/98)

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, with all other like empowered.

SIGNATURE: Robert W Vecera 1-28-99 482-6984
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #