


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 08, 2005 8:00 am**  
**Secretary of State**

04-08-2005 90069 045 \*\*\*\*61.25

<b>DOCUMENT # N24181</b>			
1. Entity Name <b>CHURCH OF THE CROSS OF LEE COUNTY, INC.</b>			
Principal Place of Business 13500 FRESHMAN LANE FORT MYERS, FL 33912		Mailing Address 13500 FRESHMAN LANE FORT MYERS, FL 33912	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
WILDMAN, ELAINE DR. 13500 FRESHMAN LANE FORT MYERS, FL 33912		Leland, Howard 13500 Freshman Lane FORT MYERS, FL 33912	
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.		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 _____		DATE _____	
Filing Fee is \$61.25 Due by May 1, 2005.		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. NEW OFFICERS AND DIRECTORS	
TITLE: D NAME: CASON, AL STREET ADDRESS: 13500 FRESHMAN LANE CITY-ST-ZIP: FORT MYERS, FL 33912	<input checked="" type="checkbox"/> Delete	TITLE: S NAME: Lewis, Mary Jo STREET ADDRESS: 1496 Charmont Place CITY-ST-ZIP: Fort Myers, FL 33919	RS IN 10 ange <input checked="" type="checkbox"/> Addition
TITLE: DV NAME: WICKMAN, BOB STREET ADDRESS: 13500 FRESHMAN LANE CITY-ST-ZIP: FT. MYERS, FL	<input checked="" type="checkbox"/> Delete	TITLE: DV NAME: Wildman, William STREET ADDRESS: 9331 Olde Hickory Circle CITY-ST-ZIP: Fort Myers, FL 33912	ange <input checked="" type="checkbox"/> Addition
TITLE: S NAME: WAGNER, PAOLA STREET ADDRESS: 13500 FRESHMAN LANE CITY-ST-ZIP: FT. MYERS, FL	<input checked="" type="checkbox"/> Delete	TITLE: D NAME: Franke, Eunice STREET ADDRESS: 20761 Country Walk-Way CITY-ST-ZIP: Estero, FL 33928	ange <input checked="" type="checkbox"/> Addition
TITLE: D NAME: FOWLER, AVOLEE STREET ADDRESS: 13500 FRESHMAN LANE CITY-ST-ZIP: FORT MYERS, FL 33912	<input checked="" type="checkbox"/> Delete	TITLE: D NAME: Leland, Howard STREET ADDRESS: 14541 Eagle Ridge Drive CITY-ST-ZIP: Fort Myers, FL 33912	ange <input type="checkbox"/> Addition
TITLE: VM NAME: ROBINSON, JIM STREET ADDRESS: 13500 FRESHMAN LN CITY-ST-ZIP: FORT MYERS, FL 33915	<input type="checkbox"/> Delete	TITLE: M NAME: Lansberry, Jr., Richard STREET ADDRESS: 14044 Bently Circle CITY-ST-ZIP: Fort Myers, FL 33912	ange <input checked="" type="checkbox"/> Addition
TITLE: D NAME: SHELLEY, MONTE STREET ADDRESS: 13500 FRESHMAN LANE CITY-ST-ZIP: FORT MYERS, FL 33912	<input type="checkbox"/> Delete	12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated indicated on this report or supplemental report is true and accurate and that my signature shall be of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, F.S., or on an attachment with an address, with all other like empowered.	
SIGNATURE: <u>Mary Jo Lewis</u>		Date: <u>3/30/05</u>	