2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Feb 16, 2007 8:00 am Secretary of State

NAME STREET ADDRESS CITY-ST-ZIP FORT MYERS, FL 33919 TITLE NAME STREET ADDRESS CITY-ST-ZIP FORT MYERS, FL 33912 TITLE NAME STREET ADDRESS CITY-ST-ZIP FORT MYERS, FL 33912 TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP FORT MYERS, FL 33913 TITLE D WARNER, DAN 9932 BELLA VISTA CT STREET ADDRESS CITY-ST-ZIP FORT MYERS, FL 33913 TITLE D D Delide TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE D DELIDE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE D CHANGE THEEL NAME STREET ADDRESS CITY-ST-ZIP TITLE TORST STREET ADDRESS STREET A	DOCUMENT # N24181 1. Entity Name CHURCH OF THE CROSS OF LEE COUNTY, INC.						02-16-2007	90028 026	****6	1.25
Suite, Apt. e, etc. Suite, Apt. e, etc.	13500 FRESH	HMAN LANE	13500 FRESHMAN LA	500 FRESHMAN LANE						1684 BJ H884
City & State Country Country Country Country Country Country Country S. Certificate of Status Desired \$8.75 Additional Fee Required Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code First Address (P.O. Box Number is Not Acceptable) DAIL FL Zip Code Fort Male Registatered Agent Address (P.O. Box Number is Not Acceptable) DAIL FL Zip Code Fort Male Registatered Agent Address (P.O. Box Number is Not Acceptable) DAIL FL Zip Code Fort Male Registatered Agent Address (P.O. Box Number is Not Acceptable) DAIL The Code Fort	2. Principal Place of Business - No P.O. Box # 3. M		3. Mailing Address	Mailing Address				HIII		
Country Zip Country Zip Country S. Certificate of Status Desired \$3.75 Additional Fee Nazytonel Fee Nazytone	Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite. Apt. #, etc.		01092007	Chg-NP	CR2E037 (12/06)	
ELLAND, HOWARD 13500 FRESHMAN LANE FORT MYERS, FL 33912 City City FL Zip Code 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 Filting Fore is \$61.25 Due by Mary 1, 2007 9. Election Compaign Financing Trust Fund Contribution. ITILE SIGNATURE Spaure. Invasi or prince name of impatriest agent and she if espherics. INOTE: Impatement Agent agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. INOTE: Impatement Agent and she if espherics. INOTE: Impatement Agent Address (P.O. Box Number is Not Acceptable) City FL Zip Code City FL Zip Code DATE Address (P.O. Box Number is Not Acceptable) DATE FORT Myers agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and	City & State		City & State			924		h-+-		
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Street Address (P.O. Box Number is Not Acceptable) City	LELAND, HOWARD 13500 FRESHMAN LANE				Name					
8. The above named entity submits this statement for the purpose of changing its registered eigent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature trade of printed agent and size if espektable. (NOTE: Registered Agent algorithm required when narratistring) DATE					Street Address (P.O. Box Number is Not Acceptable)					
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criv-st-zip FORT MYERS, FL 33908 Criv-st-zip Criv-st-zip 12. Thereby certify that the information supplied with this filting does not qualify for the exemptions contained in Chapter 119. Florida Statutes. I further certify that the information		ł								

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 attachment with an address, with all other like-empowered.

SIGNATURE: SIGNATURE AND TYPED OF MENTED MARKE OF SIGNING OFFICER OR DIRECTOR