

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 18, 2008 8:00 am
Secretary of State

02-18-2008 90015 018 ****61.25

DOCUMENT # N24181

1. Entity Name
CHURCH OF THE CROSS OF LEE COUNTY, INC.



Principal Place of Business
**13500 FRESHMAN LANE
FORT MYERS, FL 33912**

Mailing Address
**13500 FRESHMAN LANE
FORT MYERS, FL 33912**

40026959



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01142008 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
65-0015924

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LELAND, HOWARD
13500 FRESHMAN LANE
FORT MYERS, FL 33912**

Name

Street Address (P.O. Box Number is Not Acceptable)

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Delete
NAME **MARY JO LEWIS**
STREET ADDRESS **1496 CHARMONT PLACE**
CITY-ST-ZIP **FORT MYERS FL 33919**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **MONGOVEN, MIKE**
STREET ADDRESS **1444 DU BONNET COURT**
CITY-ST-ZIP **FORT MYERS, FL 33912**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **SARA MALIVA**
STREET ADDRESS **14431 BALD EAGLE DRIVE**
CITY-ST-ZIP **FORT MYERS FL 33912**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **BETTY CRAIG**
STREET ADDRESS **14340 BRISTOL BAY PLACE #104**
CITY-ST-ZIP **FORT MYERS FL 33912**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **LM** ☐ Delete
NAME **CASON, AL**
STREET ADDRESS **7753 WOODLAND BEND CIRCLE**
CITY-ST-ZIP **FORT MYERS, FL 33912**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **RICHARD ANFINSEN**
STREET ADDRESS **12265 CHAMPIONSHIP CIRCLE**
CITY-ST-ZIP **FORT MYERS FL 33913**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *Mary Jo Lewis* **MARY JO LEWIS**

02/14/2008

239-768-2188

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #