

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 04, 2004 8:00 am**  
**Secretary of State**

02-04-2004 90059 019 \*\*\*\*70.00

<b>DOCUMENT # N31311</b> 1. Entity Name <b>CHURCH OF THE CROSS OF LEE COUNTY LAND STEWARDSHIP MINISTRIES, 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	4. FEI Number <b>65-0109252</b>	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
FRANKE, EUNICE 20761 COUNTRY WALK WAY ESTERO, FL 33928			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	DS <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	YEOMAN-FRANKE, EUNICE M		NAME		
STREET ADDRESS	20761 COUNTRY WALK WAY		STREET ADDRESS		
CITY-ST-ZIP	ESTERO, FL 33928		CITY-ST-ZIP		
TITLE	P <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LELAND, HOWARD L		NAME		
STREET ADDRESS	14541 EAGLE RIDGE DR.		STREET ADDRESS		
CITY-ST-ZIP	FORT MYERS, FL 33912		CITY-ST-ZIP		
TITLE	D <input checked="" type="checkbox"/> Delete		TITLE	<input checked="" type="checkbox"/> Addition	
NAME	REED, PAUL		NAME	Bob Craig	
STREET ADDRESS	13235 WHITEHAVEN LANE # 1004		STREET ADDRESS	14349-#104	
CITY-ST-ZIP	FORT MYERS, FL 33912		CITY-ST-ZIP	Bristol Bay Place	
TITLE	D <input type="checkbox"/> Delete		TITLE		
NAME	HAWK, WALTER		NAME		
STREET ADDRESS	107 AIRVIEW STREET		STREET ADDRESS		
CITY-ST-ZIP	LEHIGH, FL 33936		CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MILNE, DAVID		NAME		
STREET ADDRESS	12050 CAISSON LANE		STREET ADDRESS		
CITY-ST-ZIP	FORT MYERS, FL 33912		CITY-ST-ZIP		
TITLE	DT <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HOFFMAN, CHARLES		NAME		
STREET ADDRESS	20262 LUETTICH LANE		STREET ADDRESS		
CITY-ST-ZIP	ESTERO, FL 33928		CITY-ST-ZIP		
12. 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 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.					
<b>SIGNATURE:</b> <u>Howard L. Leland, Pres</u> <span style="float: right;">1-20-04 239-7682188</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					