

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2008 8:00 am
Secretary of State

03-26-2008 90027 019 ****61.25

DOCUMENT # N31311

1. Entity Name
**CHURCH OF THE CROSS OF LEE COUNTY LAND
STEWARDSHIP MINISTRIES, INC.**



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

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

50001832



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
65-0109252

Applied For
Not Applicable

Zip

Country

Zip

Country

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

Registered Agent

7. Name and Address of New Registered Agent

**Frederick (Ted) Bresler
1783 Pine Glades Circle
Fort Myers, Florida**

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 **DS** ☐ Delete
NAME **HAMBRIDGE, ANNE ASHLEY**
STREET ADDRESS **13673 ADMIRAL COURT**
CITY-ST-ZIP **FORT MYERS, FL 33912**

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

TITLE **P** ☐ Delete
NAME **FREDERICK (TED) BRESLER**
STREET ADDRESS **1783 PINE GLADES CIRCLE**
CITY-ST-ZIP **FORT MYERS FL 33907**

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

TITLE **VP** ☐ Delete
NAME **TRAPANESE, JOSEPH SR**
STREET ADDRESS **2475 KING ARTHUR COURT**
CITY-ST-ZIP **FORT MYERS, FL 33912**

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

TITLE **D** ☐ Delete
NAME **FRANKE, KURT**
STREET ADDRESS **20761 COUNTRY WALK WAY**
CITY-ST-ZIP **ESTERO, FL 33928**

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

TITLE **D** ☐ Delete
NAME **SCHAFER, PAUL**
STREET ADDRESS **11285 WINE PALM ROAD**
CITY-ST-ZIP **FORT MYERS, FL 33912**

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

TITLE **D** ☐ Delete
NAME **CLIFF RICHMOND**
STREET ADDRESS **9581-6 GREEN CYPRESS LANE**
CITY-ST-ZIP **FORT MYERS FLORIDA 33905**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/20/08

239-768-2188