

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2005 08:00 AM
Secretary of State

DOCUMENT # N48209

1. Entity Name
CORKSCREW ISLAND MISSIONS INCORPORATED



Principal Place of Business
**22022 IMMOKALEE RD
NAPLES, FL 34120**

Mailing Address
**22022 IMMOKALEE RD
NAPLES, FL 34120**

DO NOT WRITE IN THIS SPACE

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01102005 No Chg-NP CR2E037 (10/03)

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**KLINE, ROBERT LEE REV
22022 IMMOKALEE RD
NAPLES, FL 34120**

**DO NOT WRITE
IN THIS SPACE**

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 restate.)

DATE

Filing Fee is \$61.25
Due by May 1, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
KLINE, ROBERT REV
22022 IMMOKALEE RD
NAPLES, FL 34120**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
CRAWFORD, JOHN
2620 21ST NE
NAPLES, FL 34120**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
SUMMERALLS, CURTIS
4821 42ND STREET NE
NAPLES, FL 34120**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TR
CRAWFORD, JOHN
2620 2ND ST NE
NAPLES, FL 34120**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TR
MORRIS, SHAWN
3255 48TH AVE NE
NAPLES, FL 34120**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

00000194533
01/25/05-80108-010 \$1.25

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE: *Robert Lee Kline*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-13-05

Date

239 348 0992

Daytime Phone #