

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N48209

FILED  
Jan 08, 2008  
Secretary of State

**Entity Name:** CORKSCREW ISLAND MISSIONS INCORPORATED

**Current Principal Place of Business:**

22022 IMMOKALEE RD  
NAPLES, FL 34120

**New Principal Place of Business:**

**Current Mailing Address:**

22022 IMMOKALEE RD  
NAPLES, FL 34120

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: KLINE, ROBERT REV,  
Address: 22022 IMMOKALEE RD  
City-St-Zip: NAPLES, FL 34120

Title: S ( ) Delete  
Name: SUMMERALLS, CURTIS  
Address: 4821 42ND STREET NE  
City-St-Zip: NAPLES, FL 34120

Title: TR ( ) Delete  
Name: MORRIS, SHAWN  
Address: 3255 48TH AVE NE  
City-St-Zip: NAPLES, FL 34120

Title: VP ( ) Delete  
Name: DUNLAP, GILBERT  
Address: LILAC LN  
City-St-Zip: NAPLES, FL 34120

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: REV. ROBERT KLINE

PRES

01/08/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date