

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N48209

**FILED**  
**Mar 14, 2011**  
**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  
Name: KLINE, ROBERT REV  
Address: 22022 IMMOKALEE RD  
City-St-Zip: NAPLES, FL 34120

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: REV. ROBERT KLINE

PRES

03/14/2011

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

\_\_\_\_\_  
Date