

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2003 8:00 am
Secretary of State

02-26-2003 90173 008 ***105.00

DOCUMENT # N93000000384

1. Entity Name

CHRISTIAN SOCCER ASSOCIATION OF LEE COUNTY, INC.



Principal Place of Business

**13240 COMMERCE LAKE DR
FORT MYERS FL 33913**

Mailing Address

**12521 WOOD TIMBER LANE
FORT MYERS FL 33913**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

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

7. Name and Address of New Registered Agent

**SHERMAN, ROGER
12521 WOODTIMBER LANE
FT. MYERS FL 33913**

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

FILE NOW: FEE IS \$61.25

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	NAME	TITLE	NAME
PD	SHERMAN, ROGER 12521 WOODTIMBER LANE FT. MYERS FL 33913	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TD	FRANKLIN, ROXANN G 6749 FAIRVIEW STREET FT. MYERS FL 33912	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
DP	SHERMAN, KATHY 12521 WOODTIMBER LANE FT. MYERS FL 33913	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
S	HELSEL, LORRIE 6672 HARTLAND ST FORT MYERS FL 33912	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
EVP	WILKES, NADINE 1630 PINE AVE ALVA FL 33920	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
VP	ROEDDING, DOUG 3721 18TH ST W LEHIGH ACRES FL 33971	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition

CR2E037 (10/02)

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: **SIGNATURE REQUIRED**

2-14-2003