

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 16, 2004 8:00 am
Secretary of State

03-16-2004 90029 021 ****61.25

DOCUMENT # N97000002710

1. Entity Name
COMMUNITY OF LIFE LUTHERAN CHURCH, INC.



Principal Place of Business
**POST OFFICE BOX 151533
CAPE CORAL, FL 33915**

Mailing Address
**POST OFFICE BOX 151533
CAPE CORAL, FL 33915**



01212004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3085294

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525**

**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 reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	ROSE, LARRY
STREET ADDRESS	910 SW 22ND TERR
CITY - ST - ZIP	CAPE CORAL, FL 33991
TITLE	Council President
NAME	Chris Seeke
STREET ADDRESS	866 LaCosta Lane
CITY - ST - ZIP	N. Fort Myers, FL 33917
TITLE	Council Vice-President
NAME	Kathy Tolentino
STREET ADDRESS	1503 NW 26th Place
CITY - ST - ZIP	Cape Coral, FL 33993
TITLE	Council Secretary
NAME	Agnes Upeslakis
STREET ADDRESS	2503 NW 29th Terrace
CITY - ST - ZIP	Cape Coral, FL 33993
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**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: Christine W Seeke 3/10/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

239-995-7792