


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

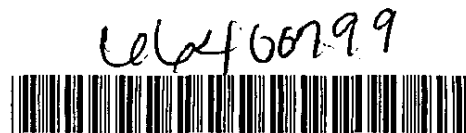
FILED
Feb 04, 2004 8:00 am
Secretary of State

02-04-2004 90101 001 ***122.50

DOCUMENT # N97000004493 1. Entity Name CHRISTIAN CHAMBER OF S.W. FLORIDA, INC.	
--	---

Principal Place of Business 8191 COLLEGE PARKWAY, SUITE 206 FT MYERS, FL 33919	Mailing Address 8191 COLLEGE PARKWAY, SUITE 206 FT MYERS, FL 33919
--	--

DO NOT WRITE IN THIS SPACE



01242004 No Chg-NP CR2E037 (10/03)

4. FEI Number 65-0787424	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

BLACK, GLENN E
8191 COLLEGE PARKWAY, SUITE 206
FT MYERS, FL 33919

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 _____ (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. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	--

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MORGAN, DON E 1500 ROYAL PALM SQ BLVD #1010 FT MYERS, FL 33919
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS BLACK, GLEN 8191 COLLEGE PKWY #206 FORT MYERS, FL 33919
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP PRINGLE, RICHARD 2125 FIRST ST., STE 200 FORT MYERS, FL 33901
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV MORELAND, DAVID 7811 SANDY JOAN BLVD., STE 100 FORT MYERS, FL 33907
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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:  **1-26-04 239-274-0404**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #