

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N99000002835

1. Entity Name

COURTYARD MEDIA MINISTRIES, INC.



Principal Place of Business

4120 LOGUE ROAD  
MYAKKA CITY, FL 34251

Mailing Address

4120 LOGUE ROAD  
MYAKKA CITY, FL 34251

**FILED**  
**Sep 03, 2008 08:00 AM**  
**Secretary of State**



08252008 No Chg-NP

CR2E037 (4/06)

4. FEI Number

65-0916871

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

ESTELLE, RANDALL B  
4120 LOGUE ROAD  
MYAKKA CITY, FL 34251

**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

8-25-08

**Filing Fee is \$61.25**  
**Due by September 12, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

000000958934

09/03/08-80009-021 70.00

**10. OFFICERS AND DIRECTORS**

|  |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DP<br>ESTELLE, RANDALL B<br>4120 LOGUE ROAD<br>MYAKKA CITY, FL 34251 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DS<br>ESTELLE, Alysia D<br>4120 LOGUE ROAD<br>MYAKKA CITY, FL 34251  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DV<br>ESTELLE, NATHANAEL<br>4120 LOGUE ROAD<br>MYAKKA CITY, FL 34251 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DT<br>KENNEY, NANCY<br>P.O. BOX 272<br>BRADENTON, FL 34206           |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>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 exemptions contained 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

8-25-08 941-322-2070