# FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 FEB -8 AM 8:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 705253 (3)

1. Corporation Name
FIRST PRESBYTERIAN CHURCH OF FORT MYERS, FLORIDA , INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 2438 SECOND ST.<br>FORT MYERS FL 33901 | 2438 SECOND ST.<br>FORT MYERS FL 33901 |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/23/1963
3a. Date of Last Report: 01/28/1994
4. FEI Number: 59-0823943 ☐ Applied For ☐ Not Applicable

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 2438 SECOND STREET | 26 2438 SECOND STREET |
| Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27 |
| City & State 23 | City & State 28 |
| Zip 24 / Country 25 | Zip 29 / Country 30 |

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

| 9. Name and Address of Current Registered Agent | 10. Name and Address of New Registered Agent |
|---|---|
| TERRY, T. RANKIN, JR.<br>2115 MAIN ST<br>FT. MYERS FL 33901 | 81 Name SAME<br>82 Street Address (P.O. Box Number is Not Acceptable)<br>83<br>84 City FL 85 Zip Code |

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE | ~~PD~~ T | 1.1 TITLE | ~~PD~~ T ☒ Change ☐ Addition |
| NAME | ADKINS, ~~ED~~ | 1.2 NAME | ARNOLD, LARRY |
| STREET ADDRESS | 2438 2ND ST | 1.3 STREET ADDRESS | 4078 Avenida Del Turo |
| CITY-ST-ZIP | FT. MYERS FL | 1.4 CITY-ST-ZIP | N Fort Myers FL 33903 |
| TITLE | ~~VP~~ T | 2.1 TITLE | ☐ Change ☐ Addition |
| NAME | BALLENTINE, DAN | 2.2 NAME | |
| STREET ADDRESS | 2438 2ND ST | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | FT. MYERS FL | 2.4 CITY-ST-ZIP | |
| TITLE | ~~SD~~ T | 3.1 TITLE | ☐ Change ☐ Addition |
| NAME | MANN, MARY LEE | 3.2 NAME | |
| STREET ADDRESS | 2438 2ND ST | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | FT. MYERS FL | 3.4 CITY-ST-ZIP | |
| TITLE | ~~TR~~ T | 4.1 TITLE | ~~TR~~ T ☒ Change ☐ Addition |
| NAME | MCDONOUGH, JOHN T | 4.2 NAME | BARRETT, ALICE |
| STREET ADDRESS | 774 PIRATE'S REST RD | 4.3 STREET ADDRESS | 6009 W Riverside Drive |
| CITY-ST-ZIP | N FT. MYERS FL | 4.4 CITY-ST-ZIP | Fort Myers FL 33919 |
| TITLE | T | 5.1 TITLE | T ☒ Change ☐ Addition |
| NAME | LEGRANDE, JAMES L | 5.2 NAME | BRENNER, WENDDELL |
| STREET ADDRESS | P O BOX 2429 | 5.3 STREET ADDRESS | 524 Hogan Drive |
| CITY-ST-ZIP | FT. MYERS FL | 5.4 CITY-ST-ZIP | N Fort Myers FL 33903 |
| TITLE | | 6.1 TITLE | ☐ Change ☐ Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | Deposit by bank 2/8/95 MH |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Alice J. Barrett Alice J. Barrett 1/12/95 813-936-4298
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0058069