FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # **705253** **(3)**

1. Corporation Name

FIRST PRESBYTERIAN CHURCH OF FORT MYERS, FLORIDA , INC.

Principal Place of Business	Mailing Address
2438 SECOND ST. FORT MYERS FL 33901	2438 SECOND ST. FORT MYERS FL 33901

3. Date Incorporated or Qualified: **02/23/1963**
3a. Date of Last Report: **02/08/1995**

2. Principal Place of Business — 21:
2a. Mailing Address — 26:
Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27:
City & State — 23:
City & State — 28:
Zip — 24:
Country — 25:
Zip — 29:
Country — 30:

4. FEI Number: **59-0823943** ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

TERRY, T. RANKIN, JR.
2115 MAIN ST
FT. MYERS FL 33901

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, 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	T	☑ DELETE	1.1 TITLE	Trustee	☐ Change ☑ Addition
NAME	ARNOLD, LARRY		1.2 NAME	Robert Howard	
STREET ADDRESS	4078 AVENIDA DEL TURA		1.3 STREET ADDRESS	4761 - 5th Lakeside Club Blvd 105E1	
CITY-ST-ZIP	N. FORT LAUDERDALE FL 33903		1.4 CITY-ST-ZIP	Fort Myers, Fl 33905	
TITLE	T	☐ DELETE	2.1 TITLE	Elder	☐ Change ☑ Addition
NAME	BALLENTINE, DAN		2.2 NAME	J. Thomas McDonough	
STREET ADDRESS	2438 2ND ST		2.3 STREET ADDRESS	794 Pirates Rest Rd!	
CITY-ST-ZIP	FT. MYERS FL		2.4 CITY-ST-ZIP	N. Fort Myers, Fl 33917	
TITLE	T	☑ DELETE	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	T	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	BARRETT, ALICE T		4.2 NAME	600001739366	
STREET ADDRESS	6009 W. RIVERSIDE DRIVE		4.3 STREET ADDRESS	-03/12/96--01020--012	
CITY-ST-ZIP	FORT MEYERS FL 33919		4.4 CITY-ST-ZIP	***61.25	
TITLE	T	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	BRENNER, WENDDELL		5.2 NAME		
STREET ADDRESS	524 HOGAN DRIVE		5.3 STREET ADDRESS		
CITY-ST-ZIP	N. FORT LAUDERDALE FL 33903		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

PKD 8/11/98

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)(k), 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: Thomas McDonough 2/20/96 941 656 0086
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (12/95)