2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2004 8:00 am
Secretary of State
03-08-2004 90019 020 ****61.25

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1. Entity 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

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01262004 No Chg-NP CR2E037 (10/03)

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

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

6. Name and Address of Current Registered Agent

TERRY, T. RANKIN, JR.
1245 HANTON AVE.
FT. MYERS, FL 33901

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

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	ST
NAME	~~SIGGS, DOROTHY~~ JOANN BEAUMONT
STREET ADDRESS	~~4908 MADERA DRIVE~~ 2193 DELTA STREET
CITY-ST-ZIP	~~N. FORT MYERS, FL 33903~~ FORT MYERS, FL 33907
TITLE	T
NAME	MANN, MARY LEE
STREET ADDRESS	17281 BRENFIELD LANE
CITY-ST-ZIP	ALVA, FL 33920
TITLE	TP
NAME	LITTLE, PHYLLIS
STREET ADDRESS	2237 HARVARD AVE
CITY-ST-ZIP	FORT MYERS, FL 33907
TITLE	TVP
NAME	LAYNE, MARTHA
STREET ADDRESS	9266 DESOTO DR
CITY-ST-ZIP	FORT MYERS, FL 33908
TITLE	ASSIST. TREASURER
NAME	ROBERT GIBSON
STREET ADDRESS	2260 FIRST STREET #209
CITY-ST-ZIP	FORT MYERS, FL 33901
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Mary Lee Mann Treasurer 2-16-04 239-334-2261
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

MARY LEE MANN, TREASURER