

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB -1 PM 1:58

DOCUMENT # 708601 (0)
1. Corporation Name
CENTRAL BAPTIST CHURCH, FORT MYERS, FLORIDA, INC

Principal Place of Business Mailing Address
3208 CENTRAL AVENUE FT. MYERS FL 33901 **3208 CENTRAL AVENUE FT. MYERS FL 33901**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 03/08/1965	3a. Date of Last Report 02/11/1994
4. FEI Number 59-1459608	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent
**DAVIS, VAN
8942 AUSTIN
FT MYERS FL 33907**

10. Name and Address of New Registered Agent

81 Name DUTKA, JOSEPH
82 Street Address (P.O. Box Number is Not Acceptable) 2472 WOODLAND CIR.
83
84 City FT MYERS
85 Zip Code FL 33907

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: Joseph Dutka **Joseph Dutka** **1/23/95**
Signature of individual or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS

TITLE PD	NAME PEETE, WILLIAM R
STREET ADDRESS 2437 DOVER AVE	CITY - ST - ZIP FT MYERS, FL 00000
TITLE VD	NAME BEAN, BYRON
STREET ADDRESS 1835 GRACE AVE.	CITY - ST - ZIP FT MYERS, FL 00000
TITLE SD	NAME DAVIS, VAN
STREET ADDRESS 8942 AUSTIN	CITY - ST - ZIP FT MYERS FL
TITLE	NAME
STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME
STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME
STREET ADDRESS	CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	PD
1.2 NAME	Peete, William R
1.3 STREET ADDRESS	2437 DOVER AVE
1.4 CITY - ST - ZIP	FT MYERS, FL 33907
2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	VD
2.2 NAME	BEAN, BYRON
2.3 STREET ADDRESS	1835 GRACE AVE.
2.4 CITY - ST - ZIP	FT MYERS, FL 33901
3.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	SD
3.2 NAME	DUTKA, JOSEPH
3.3 STREET ADDRESS	2472 WOODLAND CIR.
3.4 CITY - ST - ZIP	FT MYERS, FL 33907
4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

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 118.07(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 in the attachment with an address.

SIGNATURE: W.R. Peete **W.R. Peete** **1-23-95** **(813)332-9134**
Signature and typed or printed name of signing officer or director Date (Daytime Phone #)