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Mar 20 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 711158 (6)

1. Corporation Name  
SOUTH SIDE CHRISTIAN CHURCH OF FORT MYERS, FLORIDA, INC.



Principal Place of Business: 7800 COLLEGE PKWY FORT MYERS FL 33907  
Mailing Address: 7800 COLLEGE PKWY FORT MYERS FL 33907-5552

3. Date Incorporated or Qualified: 07/08/1966  
3a. Date of Last Report: 02/01/1996  
4. FEI Number: 59-2131651  
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

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

9. Name and Address of Current Registered Agent  
MILLER, RICHARD R.  
6037 MACBETH LANE  
FT. MYERS FL 33908

10. Name and Address of New Registered Agent  
81 Name: Tom Smedley  
82 Street Address (P.O. Box Number is Not Acceptable): 3704 SW Santa Barbara Place  
83  
84 City: Cape Coral FL 85 Zip Code: 33914

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: Tom Smedley (NOTE: Registered Agent signature required when reinstating) DATE: 3-2-97

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	FULLER, J.H.	
STREET ADDRESS	1420 MANUELS DR	
CITY-ST-ZIP	FT MYERS FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	TERRIACO, EUGENE	
STREET ADDRESS	1526 REYNARD DR	
CITY-ST-ZIP	FT MYERS FL	
TITLE	C	<input checked="" type="checkbox"/> DELETE
NAME	MILLER, RICHARD R.	
STREET ADDRESS	6037 MACBETH LANE	
CITY-ST-ZIP	FT. MYERS FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	ADAMS, MIKE	
STREET ADDRESS	9189 HAMLIN DR EAST	
CITY-ST-ZIP	FT. MYERS FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	SMEDLEY, TOM	
STREET ADDRESS	3704 SW SANTA BARBARA PL	
CITY-ST-ZIP	CAPE CORAL FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Fuller, J.H.	
1.3 STREET ADDRESS	1420 Manuels Dr.	
1.4 CITY-ST-ZIP	Fort Myers, FL 33901	
2.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Adams, Mike	
2.3 STREET ADDRESS	9189 Hamlin Dr. East	
2.4 CITY-ST-ZIP	Fort Myers, FL 33912	
3.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Forlund, Wayne	
3.3 STREET ADDRESS	1415 Santa Barbara Avenue	
3.4 CITY-ST-ZIP	Fort Myers, FL 33901	
4.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Smedley, Tom	
4.3 STREET ADDRESS	3704 SW Santa Barbara Place	
4.4 CITY-ST-ZIP	Cape Coral, FL 33914	
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 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: Tom Smedley DATE: 3-2-97

CR2E037 (9/96)