


FILE NOW: FILING FEE IS \$61.25

FILED
May 05 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 711578 (5)
 1. Corporation Name
ST. LUKE'S EPISCOPAL CHURCH OF FORT MYERS, INC.

Principal Place of Business 2635 CLEVELAND AVE FORT MYERS FL 33901	Mailing Address 2635 CLEVELAND AVE FORT MYERS FL 33901
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3. Date Incorporated or Qualified 10/05/1966	
4. FEI Number 59-0774200	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. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

**KOEHLER, REV. R. BRIEN
 2635 CLEVELAND AVE.
 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	85 FL	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	SD MILLER, MARGARET ANN 1781 WHITECAP CIRCLE FORT MYERS FL	1.1 TITLE	Clerk of the Vestry <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	Susan Anderson
STREET ADDRESS		1.3 STREET ADDRESS	15600 Lake Candlewood Drive, SW
CITY-ST-ZIP		1.4 CITY-ST-ZIP	Fort Myers, Florida 33908 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	VD MATHENY, ED 2223 TREEHAVEN CIRCLE FORT MYERS FL	2.1 TITLE	Junior Warden <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	Hunter Leake
STREET ADDRESS		2.3 STREET ADDRESS	1375 Sautern Drive
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Fort Myers, Florida 33919 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	T BULL, DAVID M, JR 2581 STYLES RD. ALVA FL	3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	C KOEHLER, R B REV 2635 CLEVELAND AVE. FT. MYERS FL	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	VD CARROLL, MICHAEL 2312 WOODLAND TERRACE FT MYERS FL	5.1 TITLE	Senior Warden <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	Clerk of the Vestry <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Susan Anderson
1.3 STREET ADDRESS	15600 Lake Candlewood Drive, SW
1.4 CITY-ST-ZIP	Fort Myers, Florida 33908 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE	Junior Warden <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Hunter Leake
2.3 STREET ADDRESS	1375 Sautern Drive
2.4 CITY-ST-ZIP	Fort Myers, Florida 33919 <input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE	
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
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	Senior Warden <input checked="" 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 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: *[Signature]* **4/21/98 9413342479**

CF2E037 (10/97)