

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 # 712050 (4)

1. Corporation Name

FIRST CHURCH OF CHRIST, SCIENTIST OF FORT MYERS, FLORIDA



Principal Place of Business

Mailing Address

2390 WEST FIRST STREET
FORT MYERS FL 33901

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FORT MYERS FL 33901

3. Date Incorporated or Qualified
01/04/1967

3a. Date of Last Report
04/19/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

4. FEI Number
59-6136684

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

10. Name and Address of New Registered Agent

SIMPSON, ANNE H.
513 S.E. 24TH AVENUE
CAPE CORAL 33990

81 Name
Crouse, Marjorie J.

82 Street Address (P.O. Box Number is Not Acceptable)

83 1318 Shelby Parkway

84 City
Cape Coral

FL

85 Zip Code
33904

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

Marjorie J. Crouse

Marjorie J. Crouse

2/2/96

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input checked="" type="checkbox"/> DELETE	1.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RYERSON, JANE M.	1.2 NAME	Ryerson, Jane M.
STREET ADDRESS	13501-101 STRATFORD PLACE CIRCLE	1.3 STREET ADDRESS	13501-101 Stratford Place Circle
CITY-ST-ZIP	FORT MYERS FL	1.4 CITY-ST-ZIP	Fort Myers, Florida 33919
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	D/V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MATHERLY, DELAINE	2.2 NAME	Matherly, Delaine
STREET ADDRESS	4980 DOCKSIDE DRIVE, #104	2.3 STREET ADDRESS	4980 Dockside Dr., #104
CITY-ST-ZIP	FORT MYERS FL	2.4 CITY-ST-ZIP	Fort Myers, FL 33919
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	D/P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SPAIN, DAVID R	3.2 NAME	Taft, William H.
STREET ADDRESS	1901 CLIFFORD ST., #402 SUNSET VISTA	3.3 STREET ADDRESS	5959 Winkler Road
CITY-ST-ZIP	FT MYERS FL	3.4 CITY-ST-ZIP	Fort Myers, FL 33919
TITLE	DP <input checked="" type="checkbox"/> DELETE	4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HALL, DAVID C	4.2 NAME	Chabonais, Alison
STREET ADDRESS	1240 LOGAN LN	4.3 STREET ADDRESS	10675 Jolea Avenue
CITY-ST-ZIP	FT MYERS FL	4.4 CITY-ST-ZIP	Ronita Springs, FL 33923
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RANKIN, BRUCE A	5.2 NAME	Dunmire, Heidi L.
STREET ADDRESS	1209 SUNBURY DR	5.3 STREET ADDRESS	1901 Woodward Avenue
CITY-ST-ZIP	FT MYERS FL	5.4 CITY-ST-ZIP	North Ft. Myers, FL 33903
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	Hughes, Holly L.
STREET ADDRESS		6.3 STREET ADDRESS	2306 S.E. 15th Terrace
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Cape Coral, FL 33990

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:

William H. Taft

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
William H. Taft, President

2/2/96 (941) 334-3352

Date

Daytime Phone #

CR2E037 (12/95)