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Feb 12 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 # 712050 (4)

1. Corporation Name

FIRST CHURCH OF CHRIST, SCIENTIST OF FORT MYERS, FLORIDA



Principal Place of Business
2390 WEST FIRST STREET
FORT MYERS FL 33901

Mailing Address
2390 WEST FIRST STREET
FORT MYERS FL 33901-3310

3. Date Incorporated or Qualified
01/04/1967

3a. Date of Last Report
02/13/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

59-6136684

Applied For

Not Applicable

21 Suite, Apt #, etc.

26 Suite, Apt #, etc.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

22 City & State

27 City & State

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

23 Zip

Country

28 Zip

Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

24

25

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CROUSE, MARJORIE J.
1318 SHELBY PARKWAY
CAPE CORAL FL 33904

81 Name

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

83

84 City

FL

85 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

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 | D | <input checked="" type="checkbox"/> DELETE |
| NAME | RYERSON, JANE M. | |
| STREET ADDRESS | 13501-101 STRATFORD PLACE CIRCLE | |
| CITY-ST-ZIP | FORT MYERS FL | |
| TITLE | DV | <input checked="" type="checkbox"/> DELETE |
| NAME | MATHERLY, DELAINE | |
| STREET ADDRESS | 4980 DOCKSIDE DRIVE, #104 | |
| CITY-ST-ZIP | FORT MYERS FL | |
| TITLE | DP | <input checked="" type="checkbox"/> DELETE |
| NAME | TAFT, WILLIAM H. | |
| STREET ADDRESS | 5959 WINKLER ROAD | |
| CITY-ST-ZIP | FT MYERS FL | |
| TITLE | D | <input checked="" type="checkbox"/> DELETE |
| NAME | CHABONAS, ALISON | |
| STREET ADDRESS | 10875 JOLEA AVE | |
| CITY-ST-ZIP | BONITA SPRINGS FL | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | RANKIN, BRUCE A | |
| STREET ADDRESS | 1209 SUNBURY DR | |
| CITY-ST-ZIP | FT MYERS FL | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | HUGHES, HOLLY L. | |
| STREET ADDRESS | 2306 SE 15TH TERR | |
| CITY-ST-ZIP | CAPE CORAL FL | |

| | | |
|--------------------|--------------------------|--|
| 1.1 TITLE | DP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | Matherly, Delaine | |
| 1.3 STREET ADDRESS | 4980 Dockside Drive #104 | |
| 1.4 CITY-ST-ZIP | Fort Myers, FL 33919 | |
| 2.1 TITLE | DV | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2.2 NAME | King, Willa M. | |
| 2.3 STREET ADDRESS | 5650 Lochness Court | |
| 2.4 CITY-ST-ZIP | No. Fort Myers, FL 33903 | |
| 3.1 TITLE | D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | Taft, William H. | |
| 3.3 STREET ADDRESS | 5959 Winkler Road | |
| 3.4 CITY-ST-ZIP | Fort Myers, FL 33919 | |
| 4.1 TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 4.2 NAME | Dunmire, Heidi L. | |
| 4.3 STREET ADDRESS | 1901 Woodward Ave. | |
| 4.4 CITY-ST-ZIP | No. Fort Myers, FL 33903 | |
| 5.1 TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 5.2 NAME | Bell, James S. | |
| 5.3 STREET ADDRESS | 6209 St. Andrews Circle | |
| 5.4 CITY-ST-ZIP | Fort Myers, FL 33919 | |
| 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: *Delaine Matherly, President*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/3/97

(941) 334-3352

Date

Daytime Phone # 005937

CR2E037 (9/96)