

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90198 009 ****61.25

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DOCUMENT # 713780

1. Corporation Name

ST. MICHAEL EVANGELICAL LUTHERAN CHURCH OF FORT MYERS, FLORIDA, INC.

Principal Place of Business

**3595 BROADWAY
FT. MYERS FL 33901**

Mailing Address

**3595 BROADWAY
FT. MYERS FL 33901**

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

12/11/1967

4. FEI Number

59-0791044

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

9. Name and Address of Current Registered Agent

**STEWART, WILLIAM L.
17752 GRANDE BAYOU CT.
FT MYERS FL 33908**

10. Name and Address of New Registered Agent

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

TITLE **P** ☒ DELETE
NAME **ROTHS, RAY**
STREET ADDRESS **1607-A 29TH TERRACE #43**
CITY-ST-ZIP **CAPE CORAL FL**

TITLE **T** ☐ DELETE
NAME **RICHARDSON, ROBERT**
STREET ADDRESS **1207 CANTERBURY DRIVE**
CITY-ST-ZIP **FORT MYERS F**

TITLE **V** ☒ DELETE
NAME **ELLIOTT, JIM**
STREET ADDRESS **657 ASTARIAS CIRCLE, SW**
CITY-ST-ZIP **FT. MYERS FL**

TITLE **S** ☐ DELETE
NAME **MAST, MARILOU**
STREET ADDRESS **1550 KILMARNOCK DRIVE SE**
CITY-ST-ZIP **FORT MYERS FL**

TITLE **D** ☐ DELETE
NAME **ROUSE, RUDY**
STREET ADDRESS **1397 WHISKEY CREEK**
CITY-ST-ZIP **FORT MYERS FL**

TITLE **D** ☐ DELETE
NAME **SITKINS, ROGER**
STREET ADDRESS **2758 CARLTON STREET**
CITY-ST-ZIP **FT. MYERS FL**

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PRESIDENT** ☐ Change ☒ Addition
1.2 NAME **ROACH, MIKE**
1.3 STREET ADDRESS **6561 ST IVES CT**
1.4 CITY-ST-ZIP **FT MYERS, FL 33912**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE **VICE PRESIDENT** ☐ Change ☐ Addition
3.2 NAME **GREG PANKOW**
3.3 STREET ADDRESS **6833 HARTLAND ST**
3.4 CITY-ST-ZIP **FT MYERS, FL 33912**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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, with all other like empowered.

SIGNATURE:

Michael J. Roach
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/4/99
Date

Daytime Phone #

CR2E037 (11/98)