

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # 735549 (8)**

1. Corporation Name  
**THE FIRST CHRISTIAN CHURCH OF FORT MYERS, FLORIDA, INC.**



Principal Place of Business: **2061 MCGREGOR BLVD FORT MYERS FL 33901**  
Mailing Address: **2061 MCGREGOR BLVD FORT MYERS FL 33901**

3. Date Incorporated or Qualified: **04/13/1976**  
3a. Date of Last Report: **05/01/1995**  
4. FEI Number: **59-0806972**  
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 (21-24) and 2a. Mailing Address (26-30) fields with sub-headers for Suite, Apt. #, etc., City & State, Zip, and Country.

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

**COX, GARY E  
2025 GRAY CT  
N. FT. MYERS FL 33903**

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code: **FL**

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	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>COX, GARY E</b>	
STREET ADDRESS	<b>2025 GRAY CT</b>	
CITY-ST-ZIP	<b>N. FT. MYERS FL</b>	
TITLE	<b>DS</b>	<input type="checkbox"/> DELETE
NAME	<b>BOWEN, CLIFF J</b>	
STREET ADDRESS	<b>3859 HIDDEN ACRES</b>	
CITY-ST-ZIP	<b>N. FT. MYERS FL</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>STULTZ, PAUL</b>	
STREET ADDRESS	<b>17835 ACACIA DR</b>	
CITY-ST-ZIP	<b>N FORT MYERS FL</b>	
TITLE	<b>DC</b>	<input type="checkbox"/> DELETE
NAME	<b>WEBB, MARK</b>	
STREET ADDRESS	<b>15 BAYWOOD CT.</b>	
CITY-ST-ZIP	<b>FT. MYERS FL</b>	
TITLE	<b>T</b>	<input type="checkbox"/> DELETE
NAME	<b>BULLARD, KENNETH</b>	
STREET ADDRESS	<b>1436 CORDOVA</b>	
CITY-ST-ZIP	<b>FT MYERS FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>SKINNER, FRED</b>	
STREET ADDRESS	<b>3438 CENTRAL AVE</b>	
CITY-ST-ZIP	<b>FT MYERS FL</b>	

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>Director</b>
3.3 STREET ADDRESS	<b>Yochum, Kevin</b>
3.4 CITY-ST-ZIP	<b>6261 Buckingham Road Ft. Myers, Florida 33905</b>
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	<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 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:** *Germond J. Stevens* x *[Signature]*  
DATE: **4/22/96** (941) 334-0316

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CR2E037 (12/95)