


FILE NOW: FILING FEE IS \$61.25

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Apr 01 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 735549 (8)**  
1. Corporation Name  
**THE FIRST CHRISTIAN CHURCH OF FORT MYERS, FLORIDA, INC.**



Principal Place of Business <b>2061 MCGREGOR BLVD FORT MYERS FL 33901</b>	Mailing Address <b>2061 MCGREGOR BLVD FORT MYERS FL 33901-3416</b>
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<b>3. Date Incorporated or Qualified</b> 04/13/1976	<b>3a. Date of Last Report</b> 04/29/1996
<b>4. FEI Number</b> 59-0806972	Applied For <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
<b>6. Election Campaign Financing Trust Fund Contribution</b> <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
<b>8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

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

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

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

<b>81</b> Name
<b>82</b> Street Address (P.O. Box Number is Not Acceptable)
<b>83</b>
<b>84</b> City
<b>85</b> 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 \_\_\_\_\_ (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 type="checkbox"/> DELETE
NAME	<b>YOCUM, KEVIN</b>
STREET ADDRESS	<b>6281 BUCKINGHAM ROAD</b>
CITY - ST - ZIP	<b>FT. 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 checked="" 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 checked="" type="checkbox"/> DELETE
NAME	<b>SKINNER, FRED</b>
STREET ADDRESS	<b>3436 CENTRAL AVE</b>
CITY - ST - ZIP	<b>FT MYERS FL</b>

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

<b>1.1</b> TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>1.2</b> NAME	
<b>1.3</b> STREET ADDRESS	
<b>1.4</b> CITY - ST - ZIP	
<b>2.1</b> TITLE	<b>D V</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>2.2</b> NAME	
<b>2.3</b> STREET ADDRESS	
<b>2.4</b> CITY - ST - ZIP	
<b>3.1</b> TITLE	<b>DS</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>3.2</b> NAME	
<b>3.3</b> STREET ADDRESS	
<b>3.4</b> CITY - ST - ZIP	
<b>4.1</b> TITLE	<b>DCTr</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>4.2</b> NAME	
<b>4.3</b> STREET ADDRESS	
<b>4.4</b> CITY - ST - ZIP	
<b>5.1</b> TITLE	<b>Tr</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>5.2</b> NAME	<b>JOHN LINDVAL</b>
<b>5.3</b> STREET ADDRESS	<b>3757 DELEON STREET</b>
<b>5.4</b> CITY - ST - ZIP	<b>FORT MYERS, FL</b>
<b>6.1</b> TITLE	<b>Tr</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>6.2</b> NAME	<b>JEAN-PAUL REAVES</b>
<b>6.3</b> STREET ADDRESS	<b>17485 BRADDOCK ROAD</b>
<b>6.4</b> CITY - ST - ZIP	<b>FORT MYERS, FL</b>

**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: *[Handwritten Signature]* **SECRETARY** **3-26-97 (41) 334-6316**

CR2E037 (9/96)