


FILE NOW: FILING FEE IS \$61.25

FILED

**May 12 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham 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 2061 MCGREGOR BLVD FORT MYERS FL 33901	Mailing Address 2061 MCGREGOR BLVD FORT MYERS FL 33901
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3. Date Incorporated or Qualified 04/13/1976	
4. FEI Number 59-0806972	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

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

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> DELETE
NAME	COX, GARY E
STREET ADDRESS	2025 GRAY CT
CITY-ST-ZIP	N. FT. MYERS FL
TITLE	DV <input type="checkbox"/> DELETE
NAME	BOWEN, CLIFF J
STREET ADDRESS	3859 HIDDEN ACRES
CITY-ST-ZIP	N. FT. MYERS FL
TITLE	DS <input checked="" type="checkbox"/> DELETE
NAME	YOCUM, KEVIN
STREET ADDRESS	6261 BUCKINGHAM ROAD
CITY-ST-ZIP	FT. MYERS FL
TITLE	DCTR <input type="checkbox"/> DELETE
NAME	WEBB, MARK
STREET ADDRESS	15 BAYWOOD CT.
CITY-ST-ZIP	FT. MYERS FL
TITLE	T <input type="checkbox"/> DELETE
NAME	UNDAVAL, JOHN
STREET ADDRESS	3757 DELEON STREET
CITY-ST-ZIP	FT MYERS FL
TITLE	TR <input type="checkbox"/> DELETE
NAME	REAVES, JEAN-PAUL
STREET ADDRESS	17485 BRADDOCK ROAD
CITY-ST-ZIP	FT MYERS FL

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 type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	S
3.3 STREET ADDRESS	Pewett, Houston
3.4 CITY-ST-ZIP	6910 Magnolia Lane Fort Myers, Florida 33912
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	TR/DC
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	TR/T
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.

CP2E037 (10/97)