

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 737155

FILED  
Jan 11, 2007  
Secretary of State

**Entity Name:** GRACE BAPTIST TEMPLE, N. FT. MYERS, FLA., INC.

**Current Principal Place of Business:**

19084 N. TAMIAMI TRAIL  
NORTH FORT MYERS, FL 33917 US

**New Principal Place of Business:**

19084 N. TAMIAMI TRAIL  
NORTH FORT MYERS, FL 33903 US

**Current Mailing Address:**

19084 N. TAMIAMI TRAIL  
NORTH FORT MYERS, FL 33917 US

**New Mailing Address:**

19084 N. TAMIAMI TRAIL  
NORTH FORT MYERS, FL 33903 US

FEI Number: 59-2388611

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

JANSEN, WILLIAM  
3153 LINWOOD NE  
N. FT. MYERS, FL 33903 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: GLASS, JAMES R.,  
Address: 10880 ORANGE RIVER BLVD  
City-St-Zip: FT. MYERS, FL

Title: TD ( ) Delete  
Name: DEVORE, FORREST  
Address: 2724 N. TWIN LAKES DR  
City-St-Zip: PUNTA GORDA, FL 33955

Title: SD ( ) Delete  
Name: SCARBRO, NELSON,  
Address: 3124 INDIAN VILLAGE LN  
City-St-Zip: N. FORT MYERS, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FORREST DEVORE

TD

01/11/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date