FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **713800** **(1)**

1. Corporation Name

FIRST BAPTIST CHURCH OF FORT MYERS BEACH, FLORIDA, INC.

Principal Place of Business	Mailing Address
P.O. BOX 2402 FT. MYERS BEACH FL 33932	P.O. BOX 2402 FT. MYERS BEACH FL 33932

3. Date Incorporated or Qualified: 12/14/1967

3a. Date of Last Report: 03/29/1995

2. Principal Place of Business — 21:

2a. Mailing Address — 26:

Suite, Apt. #, etc. — 22:

Suite, Apt. #, etc. — 27:

City & State — 23:

City & State — 28:

Zip — 24: Country — 25:

Zip — 29: Country — 30:

4. FEI Number: 59-2495484 ☐ 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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

BEASLEY, WILLIAM O
380 PALERMO CIRCLE
FT. MYERS BEACH FL 33931

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE

Signature, typed or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	TD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	BROWN, HELEN		1.2 NAME		
STREET ADDRESS	160 GULF ISLAND DRIVE		1.3 STREET ADDRESS		
CITY-ST-ZIP	FT. MYERS BCH. FL		1.4 CITY-ST-ZIP		
TITLE	PDC	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	BEASLEY, WILLIAM O.		2.2 NAME		
STREET ADDRESS	380 PALERMO CIRCLE		2.3 STREET ADDRESS		
CITY-ST-ZIP	FT. MYERS BCH FL		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	JOHNSON, JERALD L		3.2 NAME		
STREET ADDRESS	87 STEVENS BLVD		3.3 STREET ADDRESS		
CITY-ST-ZIP	FT MYERS BEACH FL		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	ESCUE, AVERY L		4.2 NAME		
STREET ADDRESS	8000 BUCANNEER DR		4.3 STREET ADDRESS		
CITY-ST-ZIP	FT MYERS BEACH FL		4.4 CITY-ST-ZIP		
TITLE	VSD	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	HOUSTON, JACK D		5.2 NAME		
STREET ADDRESS	3810 ESTERO BLVD.		5.3 STREET ADDRESS		
CITY-ST-ZIP	FT MYERS BEACH FL		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (12/95)

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: Avery L Escue 2/14/96 941 463 6452

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Avery L Escue Jr Director