

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 # 709313 (1)
1. Corporation Name
THE GRACE BRETHREN CHURCH OF FORT MYERS, FLORIDA
, INC.



Principal Place of Business Mailing Address
2141 CRYSTAL DRIVE 2141 CRYSTAL DRIVE
FORT MYERS FL 33907 FORT MYERS FL 33907

3. Date Incorporated or Qualified 07/14/1965 3a. Date of Last Report 03/24/1995

2. Principal Place of Business 2a. Mailing Address 4. FEI Number 59-1420071
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc. Applied For
22 City & State 27 City & State Not Applicable
23 Zip Country 28 Zip Country 5. Certificate of Status Desired \$8.75 Additional
24 25 29 30 6. Election Campaign Financing \$5.00 May Be
Trust Fund Contribution 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 10. Name and Address of New Registered Agent
SCHNIEDERS, RICHARD 81 Name
18529 PHLOX DRIVE 82 Street Address (P.O. Box Number is Not Acceptable)
FT. MYERS FL 33912 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE DV SHIPLEY, STEVEN DELETE 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP
NAME 2368 CHANDLER AVENUE
STREET ADDRESS FT MYERS FL
CITY-ST-ZIP
TITLE DS SCHNIEDERS, RICHARD DELETE 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP
NAME 18529 PHLOX DRIVE
STREET ADDRESS FT MYERS FL
CITY-ST-ZIP
TITLE T WEDD MARCIA DELETE 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP
NAME 2243 CHANDLER AVE.
STREET ADDRESS Ft. Myers, Fl. 33907
CITY-ST-ZIP
TITLE 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP
NAME
STREET ADDRESS
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: William P. Morley - AUDITOR - 4-24-96 941-936-3251
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)