

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR -8 PM 3:18

DOCUMENT # 701029 (1)
1. Corporation Name
FIRST BAPTIST CHURCH, FORT MYERS, FLORIDA, INC.

Principal Place of Business Mailing Address
1735 JACKSON FORT MYERS FL 33901 1735 JACKSON FORT MYERS FL 33901

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified 06/02/1960 3a. Date of Last Report 03/07/1994
4. FEI Number 59-0799901 Applied For Not Applicable

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

5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
CLAYPOOL, LAURETTE R.
1735 JACKSON STREET
FORT MYERS FL 33901

10. Name and Address of New Registered Agent
81 Name Mc Iver, Mike
82 Street Address (P.O. Box Number is Not Acceptable) 1373 Shadow Lane
83
84 City FORT MYERS FL 85 Zip Code 33901

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE Michael B. McIver DATE 3-1-95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	VD
NAME	BOCHETTE, LISTON D.
STREET ADDRESS	2413 MCGREGOR BLVD.
CITY-ST-ZIP	FT MYERS, FL 00000
TITLE	PD
NAME	FRIERSON, ALBERT M.
STREET ADDRESS	1200 KASAMADA
CITY-ST-ZIP	FT MYERS, FL 00000
TITLE	SD
NAME	MCIVER, MIKE
STREET ADDRESS	1373 SHADOW LANE
CITY-ST-ZIP	FT MYERS, FL 00000
TITLE	VD
NAME	COLCORD, THOMAS
STREET ADDRESS	1451 CORDOVA AVENUE
CITY-ST-ZIP	FT MYERS FL
TITLE	TD
NAME	MARTIN, RON
STREET ADDRESS	010 DEAN WAY
CITY-ST-ZIP	FORT MYERS FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
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 type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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 110.07(3)(b), 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 817, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Michael B. McIver DATE 3-1-95 813/ 334-7747
Signature and typed or printed name of signing officer or director