

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

FILED
Apr 22 1996 8:00 am
Secretary of State

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**

3. Date Incorporated or Qualified **06/02/1960** 3a. Date of Last Report **03/08/1995**
4. FEI Number **59-0799901** 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

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 Country 29 Country 30

9. Name and Address of Current Registered Agent
MCIVER, MIKE
1373 SHADOW LANE
FORT MYERS FL 33901

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's signature required when re-stating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	BOCHETTE, LISTON D.	
STREET ADDRESS	2413 MCGREGOR BLVD.	
CITY - ST - ZIP	FT MYERS, FL 00000	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	FRIERSON, ALBERT M.	
STREET ADDRESS	1200 KASAMADA	
CITY - ST - ZIP	FT MYERS, FL 00000	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	MCIVER, MIKE	
STREET ADDRESS	1373 SHADOW LANE	
CITY - ST - ZIP	FT MYERS, FL 00000	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	COLCORD, THOMAS	
STREET ADDRESS	1451 CORDOVA AVENUE	
CITY - ST - ZIP	FT MYERS FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	MARTIN, RON	
STREET ADDRESS	919 DEAN WAY	
CITY - ST - ZIP	FORT MYERS FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	W. Stanley Hanson, Jr.	
STREET ADDRESS	1325 Shadow Lane	
CITY - ST - ZIP	Fort Myers, FL, 33901	

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 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: *Albert M. Frierson* **3-6-96** **334-7747**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **ALBERT M. FRIERSON, PRESIDENT** Date Daytime Phone #

CR2E037 (12/95)