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Secretary of State

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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 701029

1. Corporation Name

FIRST BAPTIST CHURCH, FORT MYERS, FLORIDA, INC.

Principal Place of Business

1735 JACKSON
FORT MYERS FL 33901

Mailing Address

1735 JACKSON
FORT MYERS FL 33901



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

06/02/1960

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

59-0799901

Applied For

Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

23 Zip

Country

28 Zip

Country

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MCIVER, MIKE
2271 FIRST ST #6
FORT MYERS FL 33901

81 Name

Dr. Robert Anderson

82 Street Address (P.O. Box Number is Not Acceptable)

61 Palm Tree Lane

83

84 City

Fort Myers

FL

85 Zip Code

33905

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

Dr. Robert Anderson

4-20-99

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 DELETE
NAME FRIERSON, ALBERT M.
STREET ADDRESS 1200 KASAMADA
CITY-ST-ZIP FT MYERS, FL 00000 33919

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE DELETE
NAME SD
MCIVER, MIKE
STREET ADDRESS 2271 FIRST ST #6
CITY-ST-ZIP FT MYERS, FL 00000 33901

2.1 TITLE Change Addition
2.2 NAME Dr. Robert Anderson
2.3 STREET ADDRESS 61 Palm Tree Lane
2.4 CITY-ST-ZIP Fort Myers, FL 33905

TITLE DELETE
NAME VD
COLCORD, THOMAS
STREET ADDRESS 1451 CORDOVA AVENUE
CITY-ST-ZIP FT MYERS FL

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE DELETE
NAME T
UNDERWOOD, T FRED
STREET ADDRESS 1410 CHARLES COURT
CITY-ST-ZIP FORT MYERS FL

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE DELETE
NAME VD
HANSON, W. STANLEY JR.
STREET ADDRESS 1325 SHADOW LANE
CITY-ST-ZIP FT MYERS FL

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE DELETE
NAME VD
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE Change Addition
6.2 NAME SD
Ellis Solomon
6.3 STREET ADDRESS 2267 Clifford Street
6.4 CITY-ST-ZIP Fort Myers, FL 33901

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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; with all other like empowered.

SIGNATURE:

Dr. Robert Anderson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-11-99 (941) 334-4121

Date

Daytime Phone #

CR2E037 (11/98)