


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Feb 02, 2004 08:00 AM
Secretary of State

DOCUMENT # 701029 1. Entity Name FIRST BAPTIST CHURCH, FORT MYERS, FLORIDA, INC.	
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Principal Place of Business 1735 JACKSON FORT MYERS FL 33901	Mailing Address 1735 JACKSON FORT MYERS FL 33901
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number 59-0799901	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country



MOORE CR2E037 (11/03)

6. Name and Address of Current Registered Agent

ANDERSON, ROBERT
61 PALM TREE LANE
FORT MYERS FL 33905

7. Name and Address of New Registered Agent

Name _____
Street Address (P.O. Box Number is Not Acceptable) _____
City _____ State **FL** Zip Code _____

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

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

**FILE NOW: FEE IS \$61.25
Due By May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD FRIERSON, ALBERT M. 20846 GLENEAGLES LINKS DR ESTERO FL 33928	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD SOLOMON, ELLIS 2267 CLIFFORD STREET FT MYERS FL 33901	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T EGOLF, ROBERT 19 EVERGREEN DR., SWAN LAKE FORT MYERS FL 33917	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD HANSON, W. STANLEY JR. 1325 SHADOW LANE FT MYERS FL	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD ANDERSON, ROBERT DR 61 PALM TREE LANE FT MYERS FL 33905	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/>	<input type="checkbox"/>

U00000025946
02/02/04-80126-006 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  ROBERT EGOLF Date: 1-21-04 Davature Phone #: 334-7747