

DOCUMENT # 701029

1. Entity Name

FIRST BAPTIST CHURCH, FORT MYERS, FLORIDA, INC.



FILED  
Jan 25, 2005 8:00 am  
Secretary of State

01-25-2005 90027 046 \*\*\*\*61.25

Principal Place of Business  
1735 JACKSON  
FORT MYERS FL 33901

Mailing Address  
1735 JACKSON  
FORT MYERS FL 33901

2. Principal Place of Business

SAME

3. Mailing Address

SAME



MOORE CR2E037 (11/03)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number  
59-0799901

Applied For  
Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ANDERSON, ROBERT  
61 PALM TREE LANE  
FORT MYERS FL 33905

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City 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 *ROBERT ANDERSON, SECRETARY*

*W. Robert Anderson*

1/16/05

Signature typed or printed name of registered agent and title if applicable.

(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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME FRIERSON, ALBERT M.  Delete  
STREET ADDRESS 20846 GLENEAGLES LINKS DR  
CITY-ST-ZIP ESTERO FL 33928

TITLE NAME  Change  Add  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME SOLOMON, ELLIS  Delete  
STREET ADDRESS 2267 CLIFFORD STREET  
CITY-ST-ZIP FT MYERS FL 33901

TITLE NAME  Change  Add  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME EGOLF, ROBERT  Delete  
STREET ADDRESS 19 EVERGREEN DR., SWAN LAKE  
CITY-ST-ZIP FORT MYERS FL 33917

TITLE NAME  Change  Add  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE NAME VD MILLER, WAYNE T  Change  Add  
STREET ADDRESS 1299 PLUMOSA DR  
CITY-ST-ZIP FT MYERS, FL 33901

TITLE NAME ANDERSON, ROBERT DR  Delete  
STREET ADDRESS 61 PALM TREE LANE  
CITY-ST-ZIP FT MYERS FL 33905

TITLE NAME  Change  Add  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME  Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME  Change  Add  
STREET ADDRESS  
CITY-ST-ZIP

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Robert Egolf* ROBERT EGOLF

1-21-04

334-7747

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #