


**2607 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED  
Jan 16, 2007 08:00 AM  
Secretary of State**

DOCUMENT # 701029  
1. Entity 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
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**DO NOT WRITE IN THIS SPACE**



01082007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-0799901	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
  
ANDERSON, ROBERT  
61 PALM TREE LANE  
FORT MYERS, FL 33905

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**Filing Fee is \$61.25  
Due by May 1, 2007**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FRIERSON, ALBERT M. 13801 EAGLES RIDGE LAKES DR #202 FORT MYERS, FL 33912
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T EGOLF, ROBERT 19 EVERGREEN DR., SWAN LAKE FORT MYERS, FL 33917
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MILLER, WAYNE T 1299 PLUMOSA DRIVE FORT MYERS, FL 33901
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ANDERSON, ROBERT DR 61 PALM TREE LANE FT MYERS, FL 33905
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

1100000528533  
01/16/07-80057-006 61.25

**DO NOT WRITE  
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Dr. Robert Anderson DR ROBERT ANDERSON 1/10/07 (239) 334-7747  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #