

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2008 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



01102008 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

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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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25
Due by May 1, 2008

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

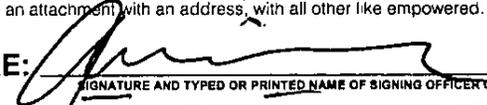
U00000791441
 01/23/08-80074-013 61.25

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	

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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:  **ALBERT M. FRIERSON** 1-10-08 (259) 841-9243
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #