

FILE NOW: FILING FEE IS \$61.25

FILED
Feb 26 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # **702322** (9)

1. Corporation Name

TROPIC ISLES BAPTIST CHURCH INC

Principal Place of Business

Mailing Address

**701 CAMELLIA DRIVE
NO FORT MYERS FL 33903**

**701 CAMELLIA DRIVE
NO FORT MYERS FL 33903-5242**



3. Date Incorporated or Qualified **04/24/1968** 3a. Date of Last Report **03/21/1996**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

23 City & State

28 City & State

24 Zip 25 Country

28 Zip 30 Country

4. FEI Number **59-1533719** Applied For ☐ Not Applicable ☐

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

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CAMPBELL, ELWYN D
2012 POPE CT.
NORTH FORT MYERS FL 33903**

81 Name

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

83

84 City

FL

85 Zip Code

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 *[Signature]* 1-7-97 DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAMPBELL, ELWYN D.	1.2 NAME	
STREET ADDRESS	2012 POPE COURT	1.3 STREET ADDRESS	
CITY-ST-ZIP	N. FORT MYERS FL	1.4 CITY-ST-ZIP	
TITLE	TD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KLINGENSMITH, THOMAS L.	2.2 NAME	
STREET ADDRESS	966 ORANGE BLOSSOM LANE	2.3 STREET ADDRESS	
CITY-ST-ZIP	NORTH FORT MYERS FL	2.4 CITY-ST-ZIP	
TITLE	SD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHWEIN, DAVID	3.2 NAME	
STREET ADDRESS	12980 TREELINE CT.	3.3 STREET ADDRESS	
CITY-ST-ZIP	NORTH FORT MYERS FL	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 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.

SIGNATURE *[Signature]* 1-21-97 DATE

CR2E037 (9/96)