


FILE NOW: FILING FEE IS \$61.25

FILED
May 20 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 703081 (0)
1. Corporation Name
**FORT MYERS CHRISTIAN CHURCH (DISCIPLES OF CHRIST)
OF FORT MYERS FLORIDA, INC.**

Principal Place of Business 1620 MEDICAL LANE SUITE 135 FT MYERS FL 33907 US	Mailing Address P.O. BOX 2066 FT. MYERS FL 33902-2066 US
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/26/1961	3a. Date of Last Report 02/05/1996
21 Suite, Apt. #, etc.	26 P.O. BOX 6746	4. FEI Number 59-6553153		Applied For Not Applicable	
22 City & State	27 FORT MYERS, FL	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip	28 33911	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country	29 USA	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
CAMPS, THOMAS S. 1039 BAYSHORE AVENUE FT. MYERS FL 33919		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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	M	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LATHAM, BETTY	1.2 NAME	
STREET ADDRESS	8609 GRANADA CT	1.3 STREET ADDRESS	
CITY-ST-ZIP	FT MYERS FL	1.4 CITY-ST-ZIP	
TITLE	DS	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HEADLEY, DOROTHY	2.2 NAME	
STREET ADDRESS	40 DOGWOOD WAY	2.3 STREET ADDRESS	
CITY-ST-ZIP	FT. MYERS FL	2.4 CITY-ST-ZIP	
TITLE	VMT	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAMPS, THOMAS S	3.2 NAME	
STREET ADDRESS	1039 BAYSHORE AVE.	3.3 STREET ADDRESS	
CITY-ST-ZIP	FT MYERS FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, PATRICIA	4.2 NAME	
STREET ADDRESS	8812 ELEUTHERA CIRCLE	4.3 STREET ADDRESS	
CITY-ST-ZIP	FT MYERS FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLINE, HERB	5.2 NAME	
STREET ADDRESS	8125 HECK DRIVE NE, RT 8	5.3 STREET ADDRESS	
CITY-ST-ZIP	FT MYERS FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRIGHT, JOHN	6.2 NAME	
STREET ADDRESS	224 PALM CIRCLE, SWAN LAKE MOBILE PARK	6.3 STREET ADDRESS	
CITY-ST-ZIP	NORTH FORT MYERS FL	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: Thomas S. Camps 5-7-97 (941) 481-0447
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0083963

CR2E037 (9/96)