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May 06 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam 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

Mailing Address

1630 MEDICAL LANE
SUITE 135
FT MYERS FL 33907
US

P.O. BOX 6746
FT. MYERS FL 33911
US

3. Date Incorporated or Qualified

10/26/1981

4. FEI Number

59-6553153

Applied For
Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 5916 Winkler Road
Suite, Apt. #, etc.

26 P.O. Box 07097
Suite, Apt. #, etc.

22 City & State
23 Fort Myers, FL

27 City & State
28 Fort Myers, FL

24 Zip 33919 Country Lee

29 Zip 33919 Country Lee

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

7. Is this nonprofit corporation a homeowners association?

Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.

Yes 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 617.0602 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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE NAME STREET ADDRESS CITY-ST-ZIP

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP

M LATHAM, BETTY
8800 GRANADA CT
FT MYERS FL

2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP

DS HEADLEY, DOROTHY
40 DOGWOOD WAY
FT. MYERS FL

D/S - Board Secretary Leismer, Michelle
3266 Maple Leaf Circle #1
Fort Myers, FL 33907

VMT CAMPS, THOMAS S
1039 BAYSHORE AVE.
FT MYERS FL

VM - Vice Moderator Gearhart, Wilbur
9553 Mariners Cove Lane
Fort Myers, FL 33919

D BROWN, PATRICIA
8612 ELEUTHERA CIRCLE
FT MYERS FL

D/T - Treasurer Camps, Thomas S.
1039 Bayshore Ave.
Fort Myers, FL 33919

D CLINE, HERB
8125 HECK DRIVE NE, RT 6
FT MYERS FL

FS - Financial Secretary Moore, Gladys
124 Dawn Street SW
Fort Myers, FL 33908

XX BRIGHT, JOHN
224 PALM CIRCLE, SWAN LAKE MOBILE PARK
NORTH FORT MYERS FL

T - Trustee

14. 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 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.

Thomas S. Camps

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dir./Treas.

4/30/98

(941)481-0447

CR2E037 (10/97)