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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT #

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BAPTIST FOUNDATION OF FORT MYERS, FLORIDA, INC.

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| Secretary of State |
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| Principal Place of Business | | | | Mailing Addres | ss | | | | | | | | | | |
| C/O JAMES T. HUMPHREY | | | (| C/O JAMES T. | HUMPHREY | | | | 3. Date Incorpo | orated or Qua | alified | | | | |
| 1625 HENDRY STREET. SUITE 301 FORT MYERS FL 33901 | | | | 1625 HENDRY STREET, SUITE 301 FORT MYERS FL 33901 | | | | | 4. FEI 06/30 / | 1964 | | | | Appl | ied For |
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| 21 | | | 26 | 5 | | - | | | 5. Certificate of | r Status Desir | ea | ш | | e Regi | |
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| City & State | | | | City & State | | | | | 7. Is this nonpr | | | | assoc | | |
| 23 | | Carrata | 28 | | | Country | | | | | | | No | | |
| <u> </u> | Zip Country | | | Zip Country | | | У | | 8. This corpora | ition owes or i | | - | ent yea] Yes | ır intan | • |
| 24 25 9. Name and Address of Current | | | | 29 30 Registered Agent | | | | | 10. Name and A | | | | | | 10 |
| | <i>3.</i> 1100110 | 4,14,144,144 | O. Ca | , | | 81 | Name | | 10. 114 | | | | | | |
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| *HUMPHI | REY, JAME | ST | | | 82 | Street | t Addres | ss (P.O. Box Numi | ber is Not Ac | ceptable | ∌) | | | | |
| 1625 HE | NDRY STE | REET, SUITE : | 301 | | | 83 | 3 | | | | | | | | |
| ,FORT M | YERS FL 3 | 3901 | | | | 84 | City | | | | | FI | 85 | Zip Co | de |
| 11 Durement | to the provie | ions of Section | c 617 0502 and | 1 617 1509 Flo | rida Statutos | the above | e-name | d corpor | ration submits this | e statement fo | or the nu | | changi | na ite r | edistered |
| office or re agent. I a | egistered ag m familiar wi | ent, or both, in th, and accept | the State of Flo the obligations | orida. Such cha of, Section 61 | inge was au 7.0503, Flori | thorized b | y the co | rporation | n's board of direc | tors. I hereby | accept | the appo | ointmen | t as re | gistered |
| SIGNATURE _ | | | | | | | | | | | | | | | |
| Signature, typed or printed name of registered agent and title if applicable. (NOTE: Re | | | | | | | | | | | | | | | |
| | Signature, typed | | | | (NOTE: | | ent signatu | re required | when reinstating) | LIANCES TO | OFFICE | DATE | DIDEO | TODO | N 10 |
| 12. | Signature, typed | | egistered agent and t CERS AND DIR | ECTORS | | 13. | ent signatu | | ADDITIONS/C | HANGES TO | OFFICE | RS AND | | | |
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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Fiorida 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 or an attachment with an address.

SIGNATURE:

ames T. Humphrey 1-20-98

(941) 334-2722