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**Feb 23, 1999 8:00 am**  
**Secretary of State**

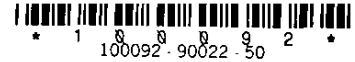
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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 707507**

1. Corporation Name  
**BAPTIST FOUNDATION OF FORT MYERS, FLORIDA, INC.**



Principal Place of Business C/O JAMES T. HUMPHREY 1625 HENDRY STREET, SUITE 301 FORT MYERS FL 33901	Mailing Address C/O JAMES T. HUMPHREY 1625 HENDRY STREET, SUITE 301 FORT MYERS FL 33901
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	3. Date Incorporated or Qualified <b>06/30/1964</b>	4. FEI Number <b>59-1947687</b> Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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9. Name and Address of Current Registered Agent

**HUMPHREY, JAMES T**  
**1625 HENDRY STREET, SUITE 301**  
**FORT MYERS FL 33901**

10. Name and Address of New Registered Agent

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

12. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> DELETE
NAME	HOGAN, DILMUS D
STREET ADDRESS	5850 JEFFERY LN
CITY-ST-ZIP	FT MYERS FL 33907
TITLE	D <input type="checkbox"/> DELETE
NAME	DECARLO, PAUL
STREET ADDRESS	1307 ALCAZAR AVE
CITY-ST-ZIP	FT MYERS FL 33901
TITLE	TD <input type="checkbox"/> DELETE
NAME	NYCHYK, ANDY
STREET ADDRESS	2606 CORTEZ BLVD.
CITY-ST-ZIP	FT. MYERS FL 33901
TITLE	D <input type="checkbox"/> DELETE
NAME	MILLER, WAYNE
STREET ADDRESS	1299 PLUMOSA DRIVE
CITY-ST-ZIP	FT. MYERS FL 33901
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Humphrey, James T.
1.3 STREET ADDRESS	1625 Hendry Street Suite 301
1.4 CITY-ST-ZIP	Fort Myers, FL 33901
2.1 TITLE	VSD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Cornwell, Nat
2.3 STREET ADDRESS	1248 Coconut Drive
2.4 CITY-ST-ZIP	Fort Myers, FL 33901
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE: James T. Humphrey (941) 334-2722  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/98)