

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 707507

FILED
Jun 30, 2005
Secretary of State

Entity Name: BAPTIST FOUNDATION OF FORT MYERS, FLORIDA, INC.

Current Principal Place of Business:

C/O JAMES T. HUMPHREY
2201 SECOND STREET
FORT MYERS, FL 33901

New Principal Place of Business:

Current Mailing Address:

C/O JAMES T. HUMPHREY
2201 SECOND STREET
FORT MYERS, FL 33901

New Mailing Address:

FEI Number: 59-1947687 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

HUMPHREY, JAMES T
2201 SECOND STREET
5TH FLOOR
FORT MYERS, FL 33901 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: HOGAN, DILMUS D
Address: 5850 JEFFERY LN
City-St-Zip: FT MYERS, FL 33907

Title: D () Delete
Name: DECARLO, PAUL
Address: 1307 ALCÁZAR AVE
City-St-Zip: FT MYERS, FL 33901

Title: TD () Delete
Name: NYCHYK, ANDY
Address: 2606 CORTEZ BLVD.
City-St-Zip: FT. MYERS, FL 33901

Title: D () Delete
Name: MILLER, WAYNE
Address: 1299 PLUMOSA DRIVE
City-St-Zip: FT. MYERS, FL 33901

Title: PD () Delete
Name: HUMPHREY, JAMES T
Address: 2201 SECOND STREET
City-St-Zip: FORT MYERS, FL 33901

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES T. HUMPHREY

PD

06/30/2005

Electronic Signature of Signing Officer or Director

Date