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NONPROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **709259**

1. Corporation Name

GULF COAST CHURCH OF CHRIST OF SOUTHWEST FLORIDA , INC.

Principal Place of Business	Mailing Address
3825 MCGREGOR BLVD FT MYERS FL 33901	3825 MCGREGOR BLVD FT MYERS FL 33901

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

3. Date Incorporated or Qualifed
07/02/1965

4. FEI Number
59-2167051
☐ Applied For
☐ Not Applicable

5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

LOWE, BOB
3825 MCGREGOR BLVD
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 Clyde E. Betts, Jr. (Gene Betts) 1-12-99
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	DC	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	LOWE, BOB		1.2 NAME		
STREET ADDRESS	2318 ALDRIDGE AVE.		1.3 STREET ADDRESS		
CITY-ST-ZIP	FT MYERS FL		1.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	BETTS, GENE		2.2 NAME		
STREET ADDRESS	7 BROADWAY CIR		2.3 STREET ADDRESS		
CITY-ST-ZIP	FT MYERS FL		2.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	3.1 TITLE		☒ Change ☐ Addition
NAME	LOVE, BILL		3.2 NAME		
STREET ADDRESS	12040 FAIRWAY ISLES		3.3 STREET ADDRESS	7591 Woodland Bend Circle	
CITY-ST-ZIP	FT. MYERS FL		3.4. CITY-ST-ZIP	Fort Myers, FL 33912	
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	THARPE, DAVID H		4. 2 NAME		
STREET ADDRESS	7212 SWAN LAKE DRIVE		4.3 STREET ADDRESS		
CITY-ST-ZIP	FORT MYERS FL 33919		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	ATKINS, FREDERICK C		5.2 NAME		
STREET ADDRESS	1349 SE 4TH STREET		5.3 STREET ADDRESS		
CITY-ST-ZIP	CAPE CORAL FL 33990		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (11/98)

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: Gene Betts **REQUIRED** 1-13-99 941-936-3620
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #