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.

FILED Feb 24, 1999 8:00 am § Secretary of State

02-24-1999 90103 039 ****61.25

Principal Place	a of Business	rviaini	ig Address										
3825 MCGREGOR BLVD 3825 MCGREGOR BI FT MYERS FL 33901 FT MYERS FL 33901													
2 Principal P	Place of Business	2a. M	failing Address	•	-		3.	Date Incorporate	or Qualifed				
<u> </u>		— —	26					07/02/1965					
Suite, Apt.	# etc		uite, Apt. #, etc.					FEI Number				Appl	lied For
22	π, στο.	27						59-2167051		-			Applicable
City & State	re		ity & State								\$8.7	75 Ac	ditional
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24	25	29		30				Trust Fund Contr	_		•	ded to	•
24	9. Name and Address of Cu		ed Agent				10.	Name and Addr	ss of New	Registered .	Agent		
					81	Name							
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LOWE, BO						Sueer	waless (F.	O. BOX Hamber is	, NOL ACCEPT	abio)			
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FUHI MIE	ENO FE 33901				-	Ö					85	Zip Co	ode
					84	City				FL	, 83	Zip GC	Jue
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 reg 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 regist agent. I am familiar with, and accept the obligations/of, Section 617.0503, Florida Statutes. SIGNATURE Signaprie, typed or printed name of registered agent and use if applicable. (NOTE: Registered Agent signature required when reinstating) DATE.									stered				
SIGNATURE	Signature, typed or printed name of registered	d agent fold title if ap	plicable. (NOT	TE: Registe	ered Agen	nt signature re	quired when re	instating)					
12.	Signature, typed or printed name of registered	d agent and title if and S AND DIRECT	ORS		ered Agen 13.	nt signature re	quired when re A	instating) ADDITIONS/CHAN	IGES TO OF				
	Signature, typed or printed name of registered	77	·	1		nt signature re	quired when re	instating) DDITIONS/CHAN	IGES TO OF		D DIRE		S IN 12
12.	Signature, typed or printed name of registered OFFICERS	77	ORS	1.	13.	nt signature re	quired when re	instating) DDITIONS/CHAN	IGES TO OF				
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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), 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.

941-936-3620