2-28-97 B-2496 NC FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

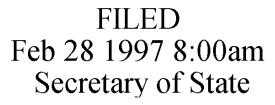
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name

709313

(1)

THE GRACE BRETHREN CHURCH OF FORT MYERS, FLORIDA . INC.





2141 CRYSTAL DRIVE 2141 CRY			ng Address CRYSTAL DRIVE			- 1004 4 00 05 10 70 44 5 6 1000 		Oldi: Bioli Idal
FORT MYERS	FL 33907	FORT MYERS FL	FORT MYERS FL 33907-4147			3. Date Incorporated or Qualified 07/14/1965	3a. Date of Last 04/29/1	
2. Principal	Place of Business	2a. Mailing Add	2a. Mailing Address			4. FEI Number 59-1420071	Applied For Not Applicable	
Suite, Ap	t #, etc	Suite, Apt. #	, etc.			5. Certificate of Status Desired	7 " "	Additional lequired
City & Sta	ale	City & State				Election Campaign Financing Trust Fund Contribution		May Be I to Fees
Zıp	Country	Zip		ountry		8. This corporation has liability for in		s. 199.032,
24	25	29	30		,		Yes No	
	9. Name and Address of Currer	nt Registered Agent				10. Name and Address of New Reg	latered Agent	
				81	Name			
SCHNIEDERS, RICHARD				82	Street Addre	dress (P.O. Box Number is Not Acceptable)		
	PHLOX DRIVE ERS FL 33912			83				
rt, mi	בוס דן 1991			_				
				84	City		FL 85 Zip	Code
SIGNATURE	Signature, typed or printed name of registered ag			ered Age		oration submits this statement for the prion's board of directors. I hereby accepted when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE	
TITLE	DV		ELETE 1.º	TITLE			☐ Change	
NAME	SHIPLEY, STEVEN		1.3	2 NAME				
STREET ADDRESS	2366 CHANDLER AVENUE		1.3	3 STREET	address			
CITY-S1-ZIP	FT MYERS FL			4 CITY - S	T-ZIP			
TITLE	DS	□ D	ELETE 2	TITLE			Change	Addition Addition
NAME	SCHNIEDERS, RICHARD		2:	2 NAME				
STREET ADDRESS	10000 1110011 01111		2.3	3 STREET	ADDRESS			
CITY - ST - ZIP	FT MYERS FL			4 CITY-	ST-ZIP		D Ohana	1 4430
TITLE	CHARLES AL HAMBUING ID	ں ں		1 TITLE			[] Change	Additio
NAME	CHARLES N. HAMBLING JR			2 NAME	ADDDEDG			
STREET ADDRESS	2243 CHANDLER AVE FT MYERS FL		•		ADDRESS			
CITY - ST - ZIP	FI MIENS FL	<u>a</u>		4. CITY-: 1 TITLE	S1 - ZIP		Change	Additio
NAME		 -		2 NAME	1			
STREET ADDRESS	, [ADDRESS			
CITY-ST-ZIP				4 CITY-S				
TITLE		□ D		TITLE			Change	Additio
NAME			5	2 NAME				
STREET ADDRESS	s [5.0	3 STREET	ADDRESS			
CHTY-ST-ZIP				4 CITY-S	T-ZIP		· · · · · · · · · · · · · · · · · · ·	
TITLE			ELETE 6.	1 TITLE			Change	Additio
NAME			6.3	2 NAME				
	1				1			
STREET ADDRESS	5		6.3	3 STREET	ADDRESS			

4. I do 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

AUDITOR

Daytime Phone # 0055273