

NONPROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
 Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

FILED
Jul 30, 1998 8:00 am
Secretary of State

DOCUMENT # 709313 (1)

1. Corporation Name

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



Principal Place of Business

Mailing Address

2141 CRYSTAL DRIVE
 FORT MYERS FL 33907

2141 CRYSTAL DRIVE
 FORT MYERS FL 33907

3. Date Incorporated or Qualified

07/14/1965

4. FEI Number

59-1420071

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing

\$5.00 May Be Added to Fees

7. Is this nonprofit corporation a homeowners association?

Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SCHNIEDERS, RICHARD
 18529 PHLOX DRIVE
 FT. MYERS FL 33912

81 Name

Shipley, Steven

82 Street Address (P.O. Box Number is Not Acceptable)

2366 Chandler Ave.

83

Fort Myers, Fl. 33907

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

Steven F. Shipley

STEVEN F. SHIPLEY

7/8/98

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DV	<input type="checkbox"/> DELETE
NAME	SHIPLEY, STEVEN	
STREET ADDRESS	2366 CHANDLER AVENUE	
CITY-ST-ZIP	FT MYERS FL	
TITLE	DS	<input checked="" type="checkbox"/> DELETE
NAME	SCHNIEDERS, RICHARD	
STREET ADDRESS	18529 PHLOX DRIVE	
CITY-ST-ZIP	FT MYERS FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	CHARLES N. HAMBLING JR	
STREET ADDRESS	2243 CHANDLER AVE	
CITY-ST-ZIP	FT MYERS FL	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" 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 checked="" type="checkbox"/> Addition
4.2 NAME	Manley, William P.
4.3 STREET ADDRESS	8836 Geneva Street
4.4 CITY-ST-ZIP	Fort Myers, FL
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Alvius, Vivian
5.3 STREET ADDRESS	12031 Blasingim Rd.
5.4 CITY-ST-ZIP	Fort Myers, Fl: 33907
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.

SIGNATURE:

William P. Manley

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/9/98

Date

941-936-3251
 941-936-2137

Daytime Phone #

CR2E037 (5/98)