

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 19 AM 8:31

DOCUMENT # 712050 (4)

1. Corporation Name

**FIRST CHURCH OF CHRIST, SCIENTIST OF FORT MYERS,
FLORIDA**

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

**2300 WEST FIRST STREET
FORT MYERS FL 33901**

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FORT MYERS FL 33901**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **01/04/1967** 3a. Date of Last Report **03/08/1994**

4. FEI Number **59-6136684** Applied For Not Applicable

2. Principal Place of Business

2a. Mailing Address

21. Suite, Apt. #, etc.

26. Suite, Apt. #, etc.

23. City & State

28. City & State

24. Zip Country 25. Country 29. Zip Country 30. Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

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

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SIMPSON, ANNE H.
513 S.E. 24TH AVENUE
CAPE CORAL 33900**

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

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 **D**
NAME **WEST, JOHN P**
STREET ADDRESS **4585 S LANDINGS DR**
CITY - ST - ZIP **FT MYERS FL**

TITLE **DV**
NAME **KING, WILLA M**
STREET ADDRESS **5650 LOCHNESS COURT**
CITY - ST - ZIP **N FT MYERS FL**

TITLE **D**
NAME **HAGUE, JANE E**
STREET ADDRESS **423 BRYAN COURT S.W.**
CITY - ST - ZIP **FT MYERS BCH. FL**

TITLE **D**
NAME **SPAIN, DAVID R**
STREET ADDRESS **1901 CLIFFORD ST., #402 SUNSET VISTA**
CITY - ST - ZIP **FT MYERS FL**

TITLE **DP**
NAME **HALL, DAVID C**
STREET ADDRESS **1240 LOGAN LN**
CITY - ST - ZIP **FT MYERS FL**

TITLE **D**
NAME **RANKIN, BRUCE A**
STREET ADDRESS **1200 SUNBURY DR**
CITY - ST - ZIP **FT MYERS FL**

1.1 TITLE Change Addition
1.2 NAME **West, John P. no longer a**
1.3 STREET ADDRESS **Director**
1.4 CITY - ST - ZIP

2.1 TITLE Change Addition
2.2 NAME **D/P**
2.3 STREET ADDRESS **Ryerson, Jane M.**
2.4 CITY - ST - ZIP **13501-101 Stratford Place Circle
Fort Myers, Florida 33919**

3.1 TITLE Change Addition
3.2 NAME **D**
3.3 STREET ADDRESS **Matherly, Delaine**
3.4 CITY - ST - ZIP **4980 Docksides Dr., #104
Fort Myers, Florida 33919**

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Jane M. Ryerson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Jane M. Ryerson, President

4/11/95 (813) 334-3352

Date (Daytime Phone #)