

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 712050 (4)

1. Corporation Name

FIRST CHURCH OF CHRIST, SCIENTIST OF FORT MYERS, FLORIDA



Principal Place of Business

Mailing Address

2390 WEST FIRST STREET  
FORT MYERS FL 33901

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FORT MYERS FL 33901

3. Date Incorporated or Qualified  
01/04/1967

3a. Date of Last Report  
04/19/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

4. FEI Number  
59-6136684

Applied For  
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

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 33990

81 Name  
Crouse, Marjorie J.

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

83 1318 Shelby Parkway

84 City  
Cape Coral

FL

85 Zip Code  
33904

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

*Marjorie J. Crouse*

Marjorie J. Crouse

2/2/96

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 DP  DELETE  
NAME RYERSON, JANE M.  
STREET ADDRESS 13501-101 STRATFORD PLACE CIRCLE  
CITY-ST-ZIP FORT MYERS FL

1.1 TITLE D  Change  Addition  
1.2 NAME Ryerson, Jane M.  
1.3 STREET ADDRESS 13501-101 Stratford Place Circle  
1.4 CITY-ST-ZIP Fort Myers, Florida 33919

TITLE D  DELETE  
NAME MATHERLY, DELAINE  
STREET ADDRESS 4980 DOCKSIDE DRIVE, #104  
CITY-ST-ZIP FORT MYERS FL

2.1 TITLE D/V  Change  Addition  
2.2 NAME Matherly, Delaine  
2.3 STREET ADDRESS 4980 Dockside Dr., #104  
2.4 CITY-ST-ZIP Fort Myers, FL 33919

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

3.1 TITLE D/P  Change  Addition  
3.2 NAME Taft, William H.  
3.3 STREET ADDRESS 5959 Winkler Road  
3.4 CITY-ST-ZIP Fort Myers, FL 33919

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

4.1 TITLE D  Change  Addition  
4.2 NAME Chabonais, Alison  
4.3 STREET ADDRESS 10675 Jolea Avenue  
4.4 CITY-ST-ZIP Ronita Springs, FL 33923

TITLE D  DELETE  
NAME RANKIN, BRUCE A  
STREET ADDRESS 1209 SUNBURY DR  
CITY-ST-ZIP FT MYERS FL

5.1 TITLE D  Change  Addition  
5.2 NAME Dunmire, Heidi L.  
5.3 STREET ADDRESS 1901 Woodward Avenue  
5.4 CITY-ST-ZIP North Ft. Myers, FL 33903

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE D  Change  Addition  
6.2 NAME Hughes, Holly L.  
6.3 STREET ADDRESS 2306 S.E. 15th Terrace  
6.4 CITY-ST-ZIP Cape Coral, FL 33990

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:

*William H. Taft*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
William H. Taft, President

2/2/96 (941) 334-3352

Date

Daytime Phone #

CR2E037 (12/95)