


FILE NOW: FILING FEE IS \$61.25

FILED

**Feb 18 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 712050 (4)
 1. Corporation Name
FIRST CHURCH OF CHRIST, SCIENTIST OF FORT MYERS, FLORIDA

Principal Place of Business 2390 WEST FIRST STREET FORT MYERS FL 33901	Mailing Address 2390 WEST FIRST STREET FORT MYERS FL 33901
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3. Date Incorporated or Qualified
01/04/1967

4. FEI Number
59-6136684

Applied For	Not Applicable
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2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29
25	30

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. 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

**CROUSE, MARJORIE J.
1318 SHELBY PARKWAY
CAPE CORAL FL 33904**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code
	FL

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP MATHERLY, DELAINE	1.1 TITLE	DP
NAME	4980 DOCKSIDE DR #104	1.2 NAME	Brown, Eloise C.
STREET ADDRESS	FT MYERS FL	1.3 STREET ADDRESS	3621 Schefflera Dr.
CITY - ST - ZIP		1.4 CITY - ST - ZIP	No. Ft. Myers, FL 33917
TITLE	DV KING, WILLA M	2.1 TITLE	DV
NAME	5650 LOCHNESS COURT	2.2 NAME	Becker, Joyce C.
STREET ADDRESS	N FORT MYERS FL	2.3 STREET ADDRESS	3361 N. Key Dr. #209
CITY - ST - ZIP		2.4 CITY - ST - ZIP	No. Ft. Myers, FL 33903
TITLE	D TAFT, WILLIAM H	3.1 TITLE	D
NAME	5959 WINKLER RD	3.2 NAME	Hall, David C.
STREET ADDRESS	FT MYERS FL	3.3 STREET ADDRESS	1240 Logan Lane
CITY - ST - ZIP		3.4 CITY - ST - ZIP	Fort Myers, FL 33919
TITLE	D DUNMIRE, HEIDI L	4.1 TITLE	D
NAME	1901 WOODWARD AVE	4.2 NAME	Bell, James S.
STREET ADDRESS	N FT MYERS FL	4.3 STREET ADDRESS	6209 St. Andrews Cir.
CITY - ST - ZIP		4.4 CITY - ST - ZIP	Fort Myers, FL 33919
TITLE	D RANKIN, BRUCE A	5.1 TITLE	
NAME	1209 SUNBURY DR	5.2 NAME	
STREET ADDRESS	FT MYERS FL	5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	D HUGHES, HOLLY L.	6.1 TITLE	
NAME	2308 SE 15TH TERR	6.2 NAME	
STREET ADDRESS	CAPE CORAL FL	6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

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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. **Eloise C. Brown, President 2/9/98**

SIGNATURE: Eloise C. Brown (941)334-3352

CR2E037 (10/97)