

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 # 713800 (1)
1. Corporation Name
FIRST BAPTIST CHURCH OF FORT MYERS BEACH, FLORID A, INC.



Principal Place of Business Mailing Address
P.O. BOX 2402 FT. MYERS BEACH FL 33932 **P.O. BOX 2402 FT. MYERS BEACH FL 33932**

3. Date Incorporated or Qualified **12/14/1967** 3a. Date of Last Report **03/29/1995**

21	2. Principal Place of Business	2a	Mailing Address	4.	FEI Number 59-2495484	Applied For	
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.	5.	Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
23	City & State	28	City & State	6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Zip	25	Country	29	Zip	30	Country
				8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
BEASLEY, WILLIAM O 380 PALERMO CIRCLE FT. MYERS BEACH FL 33931				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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	TD	<input type="checkbox"/> DELETE		1.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BROWN, HELEN			1.2 NAME			
STREET ADDRESS	160 GULF ISLAND DRIVE			1.3 STREET ADDRESS			
CITY - ST - ZIP	FT. MYERS BCH. FL			1.4 CITY - ST - ZIP			
TITLE	PDC	<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BEASLEY, WILLIAM O.			2.2 NAME			
STREET ADDRESS	380 PALERMO CIRCLE			2.3 STREET ADDRESS			
CITY - ST - ZIP	FT. MYERS BCH FL			2.4 CITY - ST - ZIP			
TITLE	D	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	JOHNSON, JERALD L			3.2 NAME			
STREET ADDRESS	87 STEVENS BLVD			3.3 STREET ADDRESS			
CITY - ST - ZIP	FT MYERS BEACH FL			3.4 CITY - ST - ZIP			
TITLE	D	<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ESCUE, AVERY L			4.2 NAME			
STREET ADDRESS	8000 BUCANNEER DR			4.3 STREET ADDRESS			
CITY - ST - ZIP	FT MYERS BEACH FL			4.4 CITY - ST - ZIP			
TITLE	VSD	<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HOUSTON, JACK D			5.2 NAME			
STREET ADDRESS	3810 ESTERO BLVD.			5.3 STREET ADDRESS			
CITY - ST - ZIP	FT MYERS BEACH FL			5.4 CITY - ST - ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY - ST - ZIP				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: *Avery L. Escue* **2/14/96** **941 463 6452**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
AVERY L. ESCUE, Director

CR2E037 (12/95)