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NONPROFIT **CORPORATION ANNUAL REPORT** 



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham,

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT #

713800

(1)

FIRST A, INC	BAPTIST CHURCH OF FO	ORT MYERS BEACH, FL	ORID		
Principal Place	e of Business	Mailing Address		I 100101 (000) 11880 1910 (1864) 4871	L BOOK BOOK BIRK BIRK BIRK BIRK BIRK BIRK HOOF
P.O. BOX 2402 FT. MYERS BEACH FL 33932 P.O. BOX 2402 FT. MYERS BEACH FL 33932		932	3. Date Incorporated or Qualified  12/14/1967  4. FEI Number Applied For		
				59-2495484	Not Applicable
2. Principal P	lace of Business	2a. Mailing Address 26		5. Certificate of Status Desired	\$8.75 Additional Fee Required
Sulte, Apt. #, etc. Suite, Apt. #, etc.		<del>-</del>		6. Election Campalgn Financing	\$5.00 May Be
22 27 City & State City & State		City & State			☐ Added to Fees
23	Ð	28		7. Is this nonprofit corporation a homeowners association?	
Zip	Country	Zip	Country	8. This corporation owes or has p	
24	25	29	30	Personal Property Tax due June	e 30. 🔲 Yes 🔯 No
	9. Name and Address of Curre	ent Registered Agent		10. Name and Address of New Ro	egistered Agent
* 450 + 450			81 Name		
	ON, JACK D	•	82 Street Add	dress (P.O. Box Number is Not Accepta	ble)
	Stero Blvd. Ers Beach fl 33831		83		
Lı. Wilc	CHO DEMON PL 33831				
•	·		84 City		FL 85 Zip Code
44 5	to the provinions of Sections 617 Of	SOO and C17 1500 Elorida Statu	tee the phove-named on	rnoretion submits this statement for the	nurnose of changing its registered
office or fo	egistered agent, or both, in the Sta	te of Florida. Such change was	authorized by the corpora	proporation submits this statement for the ration's board of directors. I hereby acce	ppt the appointment as registered
agent. I ar	egistered agent, or both, in the Star m familiar with, and accept the obli	te of Florida. Such change was igations of, Section 617.0503, F.	authorized by the corpora orida Statutes.	alion's board of directors. I hereby acce	pt the appointment as registered
agent. I ar	m familiar with, and accept the obli- Signature, typed or printed name of registered a	agent and title if applicable. (NO	Orida Statutes. TE: Registered Agent signature req	guired when reinstating)	DATE
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agent, I ar SIGNATURE _ 12.	m tamiliar with, and accept the obli- Signature typed or printed name of registered a  OFFICERS A  DS	agent and title if applicable. (NO	Orida Statutes.  IE: Registered Agent signature req  13.  1.1 TITLE	guired when reinstating)	DATE
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14. Thereby certify that the information supplied with this filling 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:

341 443 - 2034

**FILED** 

Feb 26 1998 8:00am

Secretary of State

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