2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: 5

Apr 29, 2004 8:00 am Secretary of State **DOCUMENT #713800** 04-29-2004 90244 027 ****61.25 Entity Name FIRST BAPTIST CHURCH OF FORT MYERS BEACH, FLORIDA, INC. Principal Place of Business Mailing Address P.O. BOX 2402 P.O. BOX 2402 94072324 FT. MYERS BEACH, FL 33932 FT. MYERS BEACH, FL 33932 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04202004 Chg-NP CR2E037 (10/03) City & State 4. FEI Number 59-2495484 City & State Applied For Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent <u>JOHNSON, JERALD İ</u> HOUSTON, JACK D 3810 ESTERO BLVD. Street Address (R.O. Box Number is Not Acceptable) FT. MYERS BEACH, FL 33931 Fort Myers Beach 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE (NOTE: Register 9. Election Campaign Financing Make check payable to Filing Fee is \$61.25 \$5.00 May Be Trust Fund Contribution. Due by May 1, 2004 Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE ☐ Delete TITLE Addition D Change JOHNSON, JERALD L NAME NAME STREET ADDRESS 17660 STEVENS BLVD. STREET ADDRESS FORT MYERS BEACH, FL 33931 CITY-ST-ZIP CITY-ST-ZIP ΠTLE ☐ Delete ☐ Change ☐ Addition GARDNER, JACK NAME NAME 460 DONORA STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FORT MYERS BEACH, FL 33931 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition HOUSTON, JACK D NAME NAME LATTA, VERNON I. STREET ADDRESS 3810 ESTERO BLVD. STREET ADDRESS 310 Donora Blvd. FORT MYERS BEACH, FL 33931 CITY-ST-ZIP CITY-ST-7IP Fort Myers Beach. TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP 12. Thereby 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. erald L. Johnson 466-3835-4-

FILED