2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

1/

FILED
Mar 09, 2005 8:00 am
Secretary of State
01-26-2005 90004 015 ****61.25

DOCUMENT # 713800

1. Entity Name
FIRST BAPTIST CHURCH OF FORT MYERS BEACH, FLORIDA, 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

66003860

01102005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2495484
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

JOHNSON, JERALD L
17660 STEVENS BLVD
FT. MYERS BEACH, FL 33931

DO NOT WRITE IN THIS SPACE

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: Jerald L. Johnson 3-2-05
Required. Typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when changing) DATE

Filing Fee is $61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	JOHNSON, JERALD L
STREET ADDRESS	17660 STEVENS BLVD.
CITY-ST-ZIP	FORT MYERS BEACH, FL 33931
TITLE	T
NAME	GARDNER, JACK
STREET ADDRESS	480 DONORA
CITY-ST-ZIP	FORT MYERS BEACH, FL 33931
TITLE	T
NAME	LATTA, VERNON I
STREET ADDRESS	310 DONORA BLVD
CITY-ST-ZIP	FORT MYERS BEACH, FL 33931
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. 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 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.

SIGNATURE: Jerald L. Johnson Jerald L. Johnson 3-2-05
SIGNATURE AND TYPED OR PRINTED NAME OF REMAINING OFFICER OR DIRECTOR Date Daytime Phone #