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May 13 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **718084** (7)

1. Corporation Name

**HUNTER STREET COMMUNITY CHURCH OF FORT MYERS, IN
C.**

Principal Place of Business

Mailing Address

PO BOX 2092
FORT MYERS FL 33902

PO BOX 2092
FORT MYERS FL 33902-2092



3. Date Incorporated or Qualified **02/17/1970** 3a. Date of Last Report **05/01/1996**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number 05-0014307		Applied For	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.				Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country		29 Country		30		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

**WILLIAMS, ROBERT E.
535 HANCOCK BRIDGE PARKWAY
CAPE CORAL FL 33990**

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

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	CD	1.1 TITLE	D
NAME	ROBERT E. WILLIAMS	1.2 NAME	BETTY J WILLIAMS
STREET ADDRESS	535 HANCOCK BRIDGE PKWAY	1.3 STREET ADDRESS	535 Hancock Bridge Parkway
CITY-ST-ZIP	CAPE CORAL FL	1.4 CITY-ST-ZIP	Cape Coral, FL
TITLE	DCD	2.1 TITLE	
NAME	HUEBNER, HAROLD F	2.2 NAME	
STREET ADDRESS	2150 GRACE AVE.	2.3 STREET ADDRESS	
CITY-ST-ZIP	FT MYERS FL	2.4 CITY-ST-ZIP	
TITLE	STD	3.1 TITLE	
NAME	WHITEHAIR, PATRICIA	3.2 NAME	
STREET ADDRESS	4944 CLEVELAND AVE D43	3.3 STREET ADDRESS	
CITY-ST-ZIP	FT. MYERS FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	
NAME	HAZEN, ROBERT	4.2 NAME	
STREET ADDRESS	5749 PALM BEACH BLVD #1347	4.3 STREET ADDRESS	
CITY-ST-ZIP	FT MYERS FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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 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:  **ROBERT E WILLIAMS** 4/28/97 941-574-7048

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0065906

CR2E037 (9/96)