

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandia B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 722704 (4)

1. Corporation Name

FIRST BAPTIST CHURCH OF ESTERO, INC.

FILED
1995 JUL 20 AM 10:18
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

Principal Place of Business 20300 TRAILSIDE DR. ESTERO FL 33928-9634	Mailing Address 20300 TRAILSIDE DR. ESTERO FL 33928-9634
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3. Date Incorporated or Qualified 02/16/1972	3a. Date of Last Report 05/01/1994
4. FEI Number 59-1418630	Applied For Not Applicable

2. Principal Place of Business 21	2b. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	\$68.75 Supplemental Fee Not Required
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

**CONGER, MRS L LAUREEN
18603 EVERGREEN RD. S.E., RT. 30
FT. MYERS FL 33912**

10. Name and Address of New Registered Agent

B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City
B5 Zip Code

FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when registering) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE TR	O'NEILL, JAMES
NAME	7076 MAIDA LN
STREET ADDRESS	FT MYERS, FL 33908
CITY - ST - ZIP	
TITLE TR	SAYLOR, W.A.
NAME	26286 SQUIRE LANE
STREET ADDRESS	BONITA SPRINGS FL
CITY - ST - ZIP	
TITLE TR	HOLLAND, KEN
NAME	21156 SEE SEE STREET
STREET ADDRESS	ESTERO FL
CITY - ST - ZIP	
TITLE TR	SAYLOR, W.A.
NAME	26286 Squire Lane
STREET ADDRESS	Bonita Springs FL 33923
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP
21 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME TR
23 STREET ADDRESS CONGER, JACOB
24 CITY - ST - ZIP 18603 EVERGREEN RD. SE
31 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME PLEASE DELETE KEN HOLLAND AS
33 STREET ADDRESS TRUSTEE
34 CITY - ST - ZIP
41 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP
51 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP
61 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME
63 STREET ADDRESS
64 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 118.07(3)(b), 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 member or trustee empowered to execute this report as required by Chapter 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed. (May be attached with an address.)

SIGNATURE: *J. D. O'Neill* **JAMES D. O'NEILL** **4/28/95** **813-481-4184**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Telephone Number)

REMITTED BY MAY 1