

2005 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED

2005 JUL -5 AM 8:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



6/6/05 01063 008 78-75
06232005 Chg-NP CR2E037 (10/03)



DOCUMENT # 722704		1. Entity Name FIRST BAPTIST CHURCH OF ESTERO, INC.	
Principal Place of Business 20300 TRAILSIDE DR. ESTERO, FL 33928		Mailing Address P.O. BOX 189 ESTERO, FL 33928-0189	
2. Principal Place of Business		3. Mailing Address 20300 TRAILSIDE Dr.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Estero, FL.	
Zip	Country	Zip 33928	Country LEE
4. FEI Number 59-1418630		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
FISHER, SHIRLEY 7421 BEAR HOLLOW CIRCLE FT. MYERS, FL 33912		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL	Zip Code
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: Registered Agent signature required when reinstating) _____ DATE _____			
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FISCHER, SHIRLEY 7421 BEAR HOLLOW CIR FORT MYERS, FL 33912 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HAMILTON, VAUGHN 26120 KINGS RD. BONITA SPRINGS, FL 34135 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SAYLOR, WA 26286 SQUARE LANE BONITA SPRINGS, FL 34135 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ONEAL, JAY 25454 GALASHIELDS BONITA SPRINGS, FL 34134 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MARTIN, DEWEY 17171 DRAGONFLY LANE FORT MYERS, FL 33912 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T TINDALL, JAMES 9421 CEDAR CREEK BONITA SPRINGS, FL 34135 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SAYLOR, W.A. 26286 SQUIRE LANE BONITA SPRINGS, FL 34135 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FISCHER, SHIRLEY 7421 BEAR HOLLOW CIRCLE FORT MYERS, FL 33912 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>Shirley Fischer</u>		Date _____ Daytime Phone # _____	

7/5/05