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NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT #

(5)

FAITH BAPTIST CHURCH OF FT. MYERS, INC.

Principal Place of Business Mailing Address 17305 SAN CARLOS BLVD. 17305 SAN CARLOS BLVD. FT.MYERS BCH. FL 33931-5301 FT.MYERS BCH. FL 33931 3. Date incorporated or Qualified 3a. Date of Last Report 10/09/1974 04/24/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-1559983 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8,75 Additional 6. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 23 Added to Fees 28 Zip Country Zip Country 8. This corporation has liability for intangible tax under s. 199.032, Yes No 24 30 Florida Statutes 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name WELCH, JAMES S. Street Address (P.O. Box Number is Not Acceptable) 219 S. TENN. AVENUE P.O. BOX 445 83 LAKELAND FL 33802 84 City Zip Code 65 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 96/6) DELETE Change Addition **PCD** 1.1 TITLE TITLE SANDS, WILLIAM C, JR 1.2 NAME NAME 15401 MYRTLE ST. STREET ADDRESS 1.3 STREET ADDRESS FT MYERS, FL 00000 33908 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition 2.1 TITLE TITLE SANDS, SALLY E. 2.2 NAME NAME 15401 MYRTLE ST. 2.3 STREET ADDRESS STREET ADDRESS FT MYERS FL 33908 2.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition DELETE 31 TITLE TITLE **VD** HOBERT BELT 3.2 NAME NAME 8612 CHATHAM ST 3.3 STREET ADDRESS STREET ADDRESS

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. SALLY E. SANDS. Truesaure 1941

3.4. CITY-ST-ZIP

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

5.4 CITY - ST - ZIP

6.1 TITLE

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May 05 1997 8:00am

Secretary of State

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