

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 15, 2004 8:00 am**  
**Secretary of State**

03-04-2004 90006 029 \*\*\*\*61.25

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MOORE CR2E037 (11/03)

<b>DOCUMENT # 730893</b> 1. Entity Name <b>FAITH BAPTIST CHURCH OF FT. MYERS, INC.</b>					
Principal Place of Business <b>17305 SAN CARLOS BLVD. FT.MYERS BCH. FL 33931</b>			Mailing Address <b>17305 SAN CARLOS BLVD. FT.MYERS BCH. FL 33931</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number <b>59-1559983</b>			Applied For <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			<b>\$8.75</b> Additional Fee Required		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>WELCH, JAMES S. 219 S. TENN. AVENUE P.O. BOX 445 LAKELAND FL 33802</b>			Name <b>Gordon, Lloyd A.</b> Street Address (P.O. Box Number is Not Acceptable) <b>18101 S. Tamiami Trail</b> <b>Ft. Myers, Florida</b> City <b>FL</b> Zip Code <b>33908</b>		
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 <i>Lloyd A. Gordon</i> <b>Lloyd A. Gordon</b> <b>2/29/04</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW - FEE IS \$61.25</b> <b>Due By May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
<b>Make Check Payable to</b> <b>Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PCD		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SANDS, WILLIAM C. JR		NAME		
STREET ADDRESS	15061 LAKESIDE VIEW DR UNIT 1904		STREET ADDRESS		
CITY-ST-ZIP	FORT MYERS FL 33919		CITY-ST-ZIP		
TITLE	TSD		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SANDS, SALLY E.		NAME		
STREET ADDRESS	15061 LAKESIDE VIEW DR UNIT 1904		STREET ADDRESS		
CITY-ST-ZIP	FORT MYERS FL 33919		CITY-ST-ZIP		
TITLE	VD		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BART, WILLIAM		NAME		
STREET ADDRESS	144 ADRIENNE DR		STREET ADDRESS		
CITY-ST-ZIP	FT. MYERS FL 33908		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <i>Sally E. Sands</i> - <b>Sally E. Sands - Treasurer</b> <b>2/29/04</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					