2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # 730893

1. Entity Name

FAITH BAPTIST CHURCH OF FT. MYERS, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

09 MAY -1 PM 2:26

Principal Place of Business	Mailing Address
17305 SAN CARLOS BLVD. FT.MYERS BCH. FL 33931	17305 SAN CARLOS BLVD. FT.MYERS BCH. FL 33931

1st MOORE CR2E037 (10/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
	15061 LAKESIDE VIEW DR
Suite, Apt. #, etc. UNIT #1904	Suite, Apt. #, etc. UNIT #1904
% 15061 - LAKESIDE VIEW DR	
City & State: FT MYERS, FL	City & State: FT MYERS, FL
Zip: 33919 Country: USA	Zip: 33919 Country: USA

4. FEI Number: 59-1559983 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
GORDON, LLOYD A 18101 S TAMIAMI TRL. FORT MYERS FL 33908	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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW. FEE IS $61.25 Due By May 1, 2009

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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	PCD SANDS, WILLIAM C, JR 15061 LAKESIDE VIEW DR UNIT 1904 FORT MYERS FL 33919	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TSD SANDS, SALLY E. 15061 LAKESIDE VIEW DR UNIT 1904 FORT MYERS FL 33919	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	000155105430 05/01/09--01049--002 **70.00 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD BART, WILLIAM 144 ADRIENNE DR FT. MYERS FL 33908	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	5/5/09	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: Sally E Sands 4/16/09 239-466-5130