

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 755970 (1)
1. Corporation Name
**RUSSELL PARK CHURCH OF GOD OF FORT MYERS, FLORID
A, INC.**



Principal Place of Business
**297 KINGSTON DR
FT MYERS FL 33905**

Mailing Address
**297 KINGSTON DR
FT MYERS FL 33905**

3. Date Incorporated or Qualified
01/20/1981

3a. Date of Last Report
02/15/1995

2. Principal Place of Business		2a. Mailing Address		4. FEI Number 59-1385582		Applied For <input type="checkbox"/>		Not Applicable <input type="checkbox"/>	
21. Suite, Apt. #, etc.		26. Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		8.75 Additional Fee Required			
22. City & State		27. City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		5.00 May Be Added to Fees			
23. Zip		28. Zip		30. Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
24. Country		29. Country							

9. Name and Address of Current Registered Agent

**MAXWELL, JOSEPH
330 MELODY COURT
FT. MYERS FL 33916**

10. Name and Address of New Registered Agent

81. Name WILLIAM J. ZIMMERMAN	85. Zip Code 33936
82. Street Address (P.O. Box Number is Not Acceptable) 107 N. MAPLE	
83. City LEHIGH ACRES, FL. 33936	
84. State FL	

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 *William J. Zimmerman*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE C	<input type="checkbox"/> DELETE	1.1 TITLE LILLIAN FULMER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MAXWELL, JOSEPH		1.2 NAME 299 KINGSTON DR.	
STREET ADDRESS 330 MELODY COURT		1.3 STREET ADDRESS FORT MYERS, FL. 33905	
CITY-ST-ZIP FT. MYERS FL		1.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ZIMMERMAN, WILLIAM J		2.2 NAME	
STREET ADDRESS 107 N MAPLE		2.3 STREET ADDRESS	
CITY-ST-ZIP LEHIGH ACRES FL		2.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME NORRIS, ERNEST S		3.2 NAME	
STREET ADDRESS 8335 NAULT DR NE		3.3 STREET ADDRESS	
CITY-ST-ZIP N FY MYERS FL		3.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MITCHELL, BEVERLY		4.2 NAME	
STREET ADDRESS 12502 RIVER RD		4.3 STREET ADDRESS	
CITY-ST-ZIP FT. MYERS FL		4.4 CITY-ST-ZIP	
TITLE TD	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME NORRIS, PHYLLIS C.		5.2 NAME	
STREET ADDRESS 8335 NAULT DR NE		5.3 STREET ADDRESS	
CITY-ST-ZIP N FT MYERS FL		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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 119.07(3)(k), 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.

SIGNATURE: *Phyllis C. Norris TD*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-5-96

(941) 543-8388

Date

Daytime Phone #

CR2E037 (12/95)