

FILE NOW: FILING FEE IS \$61.25

FILED

Jan 27 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA 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

Mailing Address

297 KINGSTON DR
FT MYERS FL 33905297 KINGSTON DR
FT MYERS FL 33905-25173. Date Incorporated or Qualified
01/20/19813a. Date of Last Report
02/08/1996

4. FEI Number

59-1385582

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes



No

2. Principal Place of Business

2a. Mailing Address

21 RUSSELL PARK CHURCH OF GOD

26 297 Kingston Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 297 Kingston Dr.

27

City & State

City & State

23 FORT MYERS, FLORIDA

28

Zip

Country

Zip

Country

24 33905-2517

25

U.S.A.A

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ZIMMERMAN, WILLIAM J
107 NORTH MAPLE
LEHIGH ACRES FL 33936

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	C	<input checked="" type="checkbox"/> DELETE
NAME	MAXWELL, JOSEPH	
STREET ADDRESS	330 MELODY COURT	
CITY - ST - ZIP	FT. MYERS FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FULMER, LILLIAN	
STREET ADDRESS	299 KINGSTON DRIVE	
CITY - ST - ZIP	FT. MYERS FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	NORRIS, ERNEST S	
STREET ADDRESS	8335 NAULT DR NE	
CITY - ST - ZIP	N FY MYERS FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MITCHELL, BEVERLY	
STREET ADDRESS	12502 RIVER RD	
CITY - ST - ZIP	FT. MYERS FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	NORRIS, PHYLLIS C.	
STREET ADDRESS	8335 NAULT DR NE	
CITY - ST - ZIP	N FT MYERS FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

1.1 TITLE	C	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	WILLIAM J. ZIMMERMAN	
1.3 STREET ADDRESS	107 North Maple	
1.4 CITY - ST - ZIP	LEHIGH ACRES, FL, 33963	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

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.

SIGNATURE: PHYLLIS C. NORRIS - *Phyllis C. Norris*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-9-97

(941) 543-8388

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CR2E037 (9/96)