

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 # **769950** (7)

1. Corporation Name

**GRACE PRESBYTERIAN CHURCH OF SAN CARLOS PARK, FO
RT MYERS, FLORIDA, INC.**

Principal Place of Business

**7470 HICKORY RD., SE
FORT MYERS FL 33912**

Mailing Address

**7470 HICKORY RD., SE
FORT MYERS FL 33912**



3. Date Incorporated or Qualified
08/23/1983

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country

4. FEI Number

50-2890046

Applied For
Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐ **\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**AICHINGER, FRANK
9040 HARVESTWOOD COURT
ESTERO FL 33928**

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

TITLE **DP** ☒ DELETE
NAME **MARRS, SAMUEL**
STREET ADDRESS **19296 PINE GLEN DR**
CITY-ST-ZIP **FT. MYERS FL**

TITLE **DS** ☐ DELETE
NAME **BABCOCK, KATHY**
STREET ADDRESS **17389 DUQUESNE RD**
CITY-ST-ZIP **FT MYERS FL**

TITLE **DV** ☐ DELETE
NAME **GATES, GEORGIA**
STREET ADDRESS **4700 W. BROADWAY 250**
CITY-ST-ZIP **ESTERO FL 33928**

TITLE **D** ☒ DELETE
NAME **SASSANO, GAYLE**
STREET ADDRESS **4883 ROYAL PALM DRIVE**
CITY-ST-ZIP **ESTERO FL**

TITLE **DT** ☐ DELETE
NAME **SHEEHAN, CATHERINE**
STREET ADDRESS **8248 SAN CARLOS BLVD.**
CITY-ST-ZIP **FORT MYERS FL 33912**

TITLE **D** ☐ DELETE
NAME **BRADFORD, IRMA**
STREET ADDRESS **11770 IMPERIAL PINES WAY**
CITY-ST-ZIP **BONITA SPRINGS FL 33923**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **DV** ☐ Change ☒ Addition
1.2 NAME **James Benzenberg**
1.3 STREET ADDRESS **21125 Butcher's Hollow**
1.4 CITY-ST-ZIP **Estero FL 33928**

2.1 TITLE **S** ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE **DP** ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE **D** ☐ Change ☒ Addition
4.2 NAME **Claudia Gonzalez**
4.3 STREET ADDRESS **18263 Louise Drive**
4.4 CITY-ST-ZIP **Fort Myers FL 33912**

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS **200001802252**
5.4 CITY-ST-ZIP **-05/01/96--01007--018**

6.1 TITLE *****61.25** ☐ Change ☐ 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 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:

Catherine L. Sheehan
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/96
Date

941-267-1310
Daytime Phone #

CR2E037 (12/95)