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**Mar 02, 1999 8:00 am**  
**Secretary of State**

03-02-1999 90136 012 \*\*\*\*61.25

**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 769950**

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**



2. Principal Place of Business

**21** Suite, Apt. #, etc.

**23** City & State

**24** Zip **25** Country

2a. Mailing Address

**26** Suite, Apt. #, etc.

**27** City & State

**28** Zip **29** Country **30**

3. Date Incorporated or Qualified

**08/23/1983**

4. FEI Number

**65-0343105**

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

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

**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** PD ☒ DELETE  
**NAME** BEZENBERG, JAMES  
**STREET ADDRESS** 21125 BUTCHERS HOLLOW  
**CITY-ST-ZIP** ESTERO FL

**TITLE** SD ☐ DELETE  
**NAME** JOHNSON, LARRY  
**STREET ADDRESS** 17524 LAUREL VALLEY RD  
**CITY-ST-ZIP** FT MYERS FL

**TITLE** SD ☐ DELETE  
**NAME** BROCK, ELAINE  
**STREET ADDRESS** 17260 LEE RD  
**CITY-ST-ZIP** FT MYERS FL 33912

**TITLE** D ☒ DELETE  
**NAME** GONZALEZ, CLAUDIA  
**STREET ADDRESS** 18263 LOUISE DR  
**CITY-ST-ZIP** FT MYERS FL 33912

**TITLE** DT ☐ DELETE  
**NAME** SKINNER, MARY GAYLE  
**STREET ADDRESS** 17745 INDIAN ISLAND CT  
**CITY-ST-ZIP** FORT MYERS FL 33908

**TITLE** D ☒ DELETE  
**NAME** BABCOCK, STEPHEN  
**STREET ADDRESS** 17389 DUQUESNE RD.  
**CITY-ST-ZIP** BONITA SPRINGS FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

**1.1 TITLE** PRESIDENT ☐ Change ☒ Addition  
**1.2 NAME** KATHRYN ANDERSON  
**1.3 STREET ADDRESS** 10704 BAHIA TERRAZO CIR.  
**1.4 CITY-ST-ZIP** ESTERO, FL 33928

**2.1 TITLE** VICE PRESIDENT ☐ Change ☒ Addition  
**2.2 NAME** TEX CHRISTMAN  
**2.3 STREET ADDRESS** 22770 S. TAMiami TRL #109  
**2.4 CITY-ST-ZIP** ESTERO, FL. 33928

**3.1 TITLE** ☐ Change ☒ Addition  
**3.2 NAME** WILLIAM SHEEHAN  
**3.3 STREET ADDRESS** 8248 SAN CARLOS BLVD SE  
**3.4 CITY-ST-ZIP** FORT MYERS, FL 33912

**4.1 TITLE** ☐ Change ☐ Addition  
**4.2 NAME**  
**4.3 STREET ADDRESS**  
**4.4 CITY-ST-ZIP**

**5.1 TITLE** ☐ Change ☐ Addition  
**5.2 NAME**  
**5.3 STREET ADDRESS**  
**5.4 CITY-ST-ZIP**

**6.1 TITLE** ☐ Change ☐ Addition  
**6.2 NAME**  
**6.3 STREET ADDRESS**  
**6.4 CITY-ST-ZIP**

14. 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 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, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/19/98

941-496-6229

Date

Daytime Phone #

CR2E037-(11/98)