

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 # N02458 (0)

1. Corporation Name

THE FIRST CHURCH OF THE BRETHREN OF NORTH FORT MYERS, FLORIDA, INC.

Principal Place of Business

CHURCH OF THE BRETHREN  
1691 PACIFIC AVE.  
NORTH FORT MYERS FL 33903  
US

Mailing Address

% ERNEST H. MILLER  
1611 VIVIAN LANE  
NORTH FORT MYERS FL 33903  
US



3. Date Incorporated or Qualified  
04/10/1984

3a. Date of Last Report  
03/16/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number  
05-0011146

Applied For  
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

City & State

City & State

23

28

6. Election Campaign Financing  
Trust Fund Contribution

☐ \$5.00 May Be  
Added to Fees

Zip

Country

Zip

Country

24

25

29

30

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

EARHART, SARA  
1340 PINEY RD  
NO. FORT MYERS FL 33903

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 PD  
NAME MARTIN, REV. WILBUR A.  
STREET ADDRESS 7110 COON RD  
CITY-ST-ZIP N. FT. MYERS FL ☒ DELETE

1.1 TITLE New Pastor  
1.2 NAME Daniel Sheppard  
1.3 STREET ADDRESS 4919 SW 26th Place  
1.4 CITY-ST-ZIP Cape Coral, Fl. 33914 ☒ Change ☐ Addition

TITLE SD  
NAME EARHART, SARA  
STREET ADDRESS 1340 PINEY RD  
CITY-ST-ZIP N. FT. MYERS FL ☐ DELETE

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

TITLE TD  
NAME MILLER, ELVA  
STREET ADDRESS 1611 VIVIAN LANE  
CITY-ST-ZIP N. FT. MYERS FL ☐ DELETE

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

TITLE DAM  
NAME MILLER, ERNEST  
STREET ADDRESS 1611 VIVIAN LN.  
CITY-ST-ZIP N. FORT MYERS FL ☐ DELETE

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

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

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: Elva Miller - Elva Miller-Treasurer 2-7-96

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

995-5091

CR2E037 (12/95)