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FILED

Feb 27 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA 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 M
YERS, FLORIDA, INC.

Principal Place of Business

Mailing Address

CHURCH OF THE BRETHREN
1691 PACIFIC AVE.
NORTH FORT MYERS FL 33903
US% ERNEST H. MILLER
1611 VIVIAN LANE
NORTH FORT MYERS FL 33903-3731
US3. Date Incorporated or Qualified
04/10/19843a. Date of Last Report
03/16/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number

05-0011146

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

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 ☒ DELETE
NAME SHEPPARD, DANIEL
STREET ADDRESS 4919 SW 20TH PLACE
CITY-ST-ZIP CAPE CORAL FL 339141.1 TITLE Moderator ☐ Change ☐ Addition
1.2 NAME Roger Miller
1.3 STREET ADDRESS 460 Blue Lagoon Dr.
1.4 CITY-ST-ZIP N. Ft. Myers FL 33903TITLE SD ☐ DELETE
NAME EARHART, SARA
STREET ADDRESS 1340 PINEY RD
CITY-ST-ZIP N. FT. MYERS FL2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIPTITLE TD ☐ DELETE
NAME MILLER, ELVA
STREET ADDRESS 1611 VIVIAN LANE
CITY-ST-ZIP N. FT. MYERS FL3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIPTITLE DAM ☐ DELETE
NAME MILLER, ERNEST
STREET ADDRESS 1611 VIVIAN LN.
CITY-ST-ZIP N. FORT MYERS FL4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIPTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIPTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP6.1 TITLE ☐ 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 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:

Elva Miller REQUIRE Elva Miller 2-21-97 941-995-5091

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 941-995-5091

CR2E037 (9/96)