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Apr 20 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N02458** (0)

1. Corporation Name

**THE FIRST CHURCH OF THE BRETHREN OF NORTH FORT MYERS, 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  
US**

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

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

**04/10/1984**

4. FEI Number

**05-0011146**

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

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.

☐ Yes ☒ No

10. Name and Address of New Registered Agent

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

*deceased*

81 Name **Jane Summers**  
82 Street Address (P.O. Box Number is Not Acceptable) **184 Celestial Way**  
83  
84 City **N. Ft. Myers** FL 85 Zip Code **33903**

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

*Jane Summers*

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**4/14/98**

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP

PD **ROGER MILLER  
480 BLUE LAGOON DR.  
N. FT. MYERS FL**

TITLE NAME STREET ADDRESS CITY-ST-ZIP

SD **EARHART, SARA  
1340 PINEY RD  
N. FT. MYERS FL**

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TD **MILLER, ELVA  
1611 VIVIAN LANE  
N. FT. MYERS FL**

TITLE NAME STREET ADDRESS CITY-ST-ZIP

DAM **MILLER, ERNEST  
1611 VIVIAN LN.  
N. FORT MYERS FL**

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP

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

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

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

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

6.1 TITLE 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.

SIGNATURE:

*Elva Miller*

**4-14-98**

**941-995-5091**

CR2E037 (10/97)