


FILED
Apr 21, 2004 8:00 am
Secretary of State

04-21-2004 90100 019 ****61.25

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

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| DOCUMENT # N02458 | |  |
| 1. Entity 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 |
| DO NOT WRITE IN THIS SPACE | | |
| 6. Name and Address of Current Registered Agent ROMER, JACQUALINE 63 GAZELLE DRIVE FORT MYERS, FL 33917 | | DO NOT WRITE IN THIS SPACE |
| 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE: <u>Jacqueline Romer</u> <i>[Signature]</i> <u>3/28/04</u> <small>Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | |
| Filing Fee is \$61.25 Due by May 1, 2004 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
| 10. 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 | 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 | BOARD CHAIRPERSON THE ROMER, JACQUALINE 63 GAZELLE DRIVE NORTH FORT MYERS, FL 33917 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | |
| 12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. | | |
| SIGNATURE: <u>Elva Miller</u> <i>[Signature]</i> <u>Elva Miller, treasurer</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | |