

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 13, 2005 8:00 am**  
**Secretary of State**

04-13-2005 90037 015 \*\*\*\*61.25

**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**

**20031386**



1st MOORE

CR2E037 (10/04)

2. Principal Place of Business

3. Mailing Address

**Community Church of the Brethren**  
Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**05-0011146**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ROMER, JACQUALINE  
63 GAZELLE DRIVE  
FORT MYERS FL 33917**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☒ Delete  
NAME ROGER MILLER  
STREET ADDRESS 460 BLUE LAGOON DR.  
CITY-ST-ZIP N. FT. MYERS FL

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

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

TITLE BCP ☐ Delete  
NAME ROMER, JACQUALINE  
STREET ADDRESS 63 GAZELLE DRIVE  
CITY-ST-ZIP NORTH FORT MYERS FL 33917

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition  
NAME Richard Dunmire  
STREET ADDRESS 506 Santa Barbara St.  
CITY-ST-ZIP N. FL. Myers FL. 33903

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition  
NAME Tony Greene  
STREET ADDRESS 562 Ellis St.  
CITY-ST-ZIP N. FL. Myers, FL. 33903

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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:**

*Elva Miller*

*Elva Miller - Treas.*

*4-8-05*

*239-995-5091*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #