


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

FILED
Jan 26, 2005 8:00 am
Secretary of State

01-26-2005 90016 028 ****61.25

DOCUMENT # N04000000254 1. Entity Name FORT MYERS RESCUE MISSION, INC.	
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Principal Place of Business 6900 MISSION LANE FORT MYERS FL 33916	Mailing Address 6900 MISSION LANE FORT MYERS FL 33916
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2. Principal Place of Business <i>Fort Myers Rescue Mission</i>	3. Mailing Address <i>6900 Mission Lane</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <i>Fort Myers FL</i>	City & State <i>Fort Myers FL</i>
Zip <i>33916</i>	Zip <i>33916</i>
Country <i>USA</i>	Country <i>USA</i>



1st MOORE CR2E037 (10/04)

4. FEI Number <i>59-2462860</i>	Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent WALKER, ROBERT D 6900 MISSION LANE FORT MYERS FL 33916	
7. Name and Address of New Registered Agent 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 *Robert D Walker* (NOTE: Registered Agent signature required when reinstating) DATE *1-20-05*

FILE NOW: FEE IS \$61.25 Due By May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	REV. SCHAEFER, GEORGE G <input type="checkbox"/> Delete 6900 MISSION LANE FORT MYERS FL 33916	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	REV. WALKER, ROBERT D <input type="checkbox"/> Delete 6900 MISSION LANE FORT MYERS FL 33916	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Robert D Walker Assoc Pastor/Sec/Treas* 01-20-05 239-734-7365
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #