SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996 AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.) NONPROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 (6)N07405 **DOCUMENT #** FORT MYERS EAST WESLEYAN CHURCH, INC. Mailing Address Principal Place of Business 2100 COOK LANE 2100 COOK LANE **ALVA FL 33920 ALVA FL 33920** 3. Date Incorporated or Qualified 3a. Date of Last Report 02/27/1995 01/31/1985 Applied For 4. FEI Number 2a. Mailing Address 2. Principal Place of Business NOT APPLICABLE Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 22 \$5.00 May Be 6. Election Campaign Financing City & State City & State Added to Fees Trust Fund Contribution 28 23 8. This corporation has liability for intangible tax under s. 199.032, Country Zip Country ZiD Yes Florida Statutes 30 29 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent BAYNE, EDNA Street Address (P.O. Box Number is Not Acceptable) 13893 RIVER FOREST SE 83 FT. MYERS FL 33905 Zip Code 85 84 City 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 968 OFFICERS AND DIRECTORS 13. 12. Addition Change DELETE 1.1 TITLE TITLE E037 1.2 NAME BAYNE, EDNA NAME 13893 RIVER FOREST SE 1.3 STREET ADDRESS STREET ADDRESS FT. MYERS FL 1.4 CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 21 TITLE TITLE 2.2 NAME COX, DORTHY NAME 218 PEARL STREET 2 3 STREET ADDRESS STREET ADDRESS ALVA FL 2.4 CITY - ST - ZIP CITY-ST-ZIP Addition Change DELETE 31 TITLE TITLE TOMLINSON, GUSS 3.2 NAME NAME 2411 PATRKVIEW DR SE 3.3 STREET ADDRESS STREET ADDRESS FT. MYERS FL 3.4. CITY - ST-ZIP CITY-ST-ZIP Change Addition DELETE 4.1 TITLE TITLE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADORESS 4.4 CITY - ST- ZIP CITY-ST-ZIP Addition Change DELETE 51 TITLE TITLE 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Addition Change DELETE 6.1 TITLE TITLE 6.2 NAME NAME **6.3 STREET ADDRESS** STREET ADDRESS 6.4 CITY - ST-ZIP 14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Edward A. Haufner 0014046

SIGNATURE: __