


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 02, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N12230</b> 1. Entity Name NORTH FORT MYERS CHURCH OF CHRIST, INC.	
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Principal Place of Business 200 PINE ISLAND RD. N.FT.MYERS, FL 33903-3742	Mailing Address 200 PINE ISLAND RD. N.FT.MYERS, FL 33903-3742
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02262005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FCI Number 59-2233589	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  FORD, VERNON E 18119 SANDY PINES CIRCLE N FT MYERS, FL 33917
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**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>Filing Fee is \$61.25 Due by May 1, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D LELAND, TRUOX 19547 CHARLESTON CIR N FT MYERS, FL
TITLE NAME STREET ADDRESS CITY- ST- ZIP	T WARREN, JAMES 110 STANDISH CIRCLE N FT MYERS, FL 33903
TITLE NAME STREET ADDRESS CITY- ST- ZIP	SD FORD, VERNON E 18119 SANDY PINES CIR N FT MYERS, FL 33917
TITLE NAME STREET ADDRESS CITY- ST- ZIP	AT TIPTON, MIKE 18300 LYNN ROAD N FT MYERS, FL 33917
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VP MOORE, JOE 131 GASLIGHT AVE N FT MYERS, FL
TITLE NAME STREET ADDRESS CITY- ST- ZIP	AT DOWLER, JIM 7692 MARX DR N FT MYERS, FL

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:** James E. Warren **JAMES E. WARREN** 2/28/05 239-997-7891  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #