

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12230

FILED
Jul 11, 2007
Secretary of State

Entity Name: NORTH FORT MYERS CHURCH OF CHRIST, INC.

Current Principal Place of Business:

200 PINE ISLAND RD.
N.FT.MYERS, FL 339033742

New Principal Place of Business:

Current Mailing Address:

200 PINE ISLAND RD.
N.FT.MYERS, FL 33903 US

New Mailing Address:

FEI Number: 59-2233589 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

FORD, VERNON E
18119 SANDY PINES CIRCLE
N FT MYERS, FL 33917 US

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: LELAND, TRUEX,
Address: 19547 CHARLESTON CIR
City-St-Zip: N FT MYERS, FL 33917 US

Title: T () Delete
Name: CLANTON, CECIL,
Address: 102 NEW MARKET ROAD
City-St-Zip: IMMOKALEE, FL 34142 US

Title: SD () Delete
Name: FORD, VERNON E.,
Address: 18119 SANDY PINES CIR
City-St-Zip: N FT MYERS, FL 33917 US

Title: AT () Delete
Name: TIPTON, MIKE,
Address: 18300 LYNN ROAD
City-St-Zip: N FT MYERS, FL 33917 US

Title: VP () Delete
Name: TIPTON, WINSTON,
Address: 18300 LYNN ROAD
City-St-Zip: N FT MYERS, FL 33917 US

Title: AT () Delete
Name: DOWLER, JIM,
Address: 7692 MARX DR
City-St-Zip: N FT MYERS, FL 33917 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: FORD, STEVEN D.,
Address: 740 PONDELLA RD. A-104
City-St-Zip: N. FORT MYERS, FL 33903 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: VERNON E. FORD

S/D

07/11/2007

Electronic Signature of Signing Officer or Director

Date