FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAY -1 AM 10:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N20488 (5)

1. Corporation Name
FORT MYERS EVANGELICAL FREE CHURCH, INC.

Principal Place of Business	Mailing Address
6798 PLANTATION PINES BLVD FORT MYERS FL 33912 US	6798 PLANTATION PINES BLVD FORT MYERS FL 33912 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/05/1987
3a. Date of Last Report: 03/08/1994
4. FEI Number: 65-0135590 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under § 199.032 Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

LOSIER, ROGER A.
15126 BRIAR RIDGE CIRCLE
FT.MYERS FL 33912

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE	Deacon	☐ Change ☒ Addition
NAME	LOSIER, ROGER A.	12 NAME	Larry Vermillion	
STREET ADDRESS	15126 BRIAR RIDGE CIRCLE	13 STREET ADDRESS	1644 Long Meadow Road	
CITY-ST-ZIP	FORT MYERS FL	14 CITY-ST-ZIP	Ft. Myers FL 33919	
TITLE	T	21 TITLE		☐ Change ☐ Addition
NAME	TOMAINO, JOSEPH	22 NAME		
STREET ADDRESS	6949 JULIE ANN CT SW	23 STREET ADDRESS		
CITY-ST-ZIP	FORT MYERS FL	24 CITY-ST-ZIP		
TITLE	D	31 TITLE		☐ Change ☐ Addition
NAME	DEKLAVON, ROBERT A.	32 NAME		
STREET ADDRESS	17376 LEE RD	33 STREET ADDRESS		
CITY-ST-ZIP	FORT MYERS FL	34 CITY-ST-ZIP		
TITLE	D	41 TITLE		☐ Change ☐ Addition
NAME	~~MCDUFFIE, MARSHALL~~	42 NAME		
STREET ADDRESS	~~17929 MEADOWLAKE CR.~~	43 STREET ADDRESS		
CITY-ST-ZIP	~~FORT MYERS FL~~	44 CITY-ST-ZIP		
TITLE	D	51 TITLE		☐ Change ☐ Addition
NAME	LINDENMEYER, PHIL	52 NAME		
STREET ADDRESS	93 THIRD ST. RT 4	53 STREET ADDRESS		
CITY-ST-ZIP	FT MYERS FL	54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 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)(i), 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
JOSEPH C TOMAINO TREASURER
Date: 5-1-95
Daytime Phone #: 813-768-0308

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