

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 18 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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

3. Date Incorporated or Qualified 05/05/1987	Applied For ☐	Not Applicable ☐
4. FEI Number 65-0135590		

2. Principal Place of Business	2a. Mailing Address	5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
22. City & State	27. City & State	7. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No
23. Zip	28. Zip	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No
24. Country	29. Country	
25. Country	30. Country	

9. Name and Address of Current Registered Agent

**DEKLAVON, ROBERT
17376 LEE ROAD
FORT MYERS FL 33912**

10. Name and Address of New Registered Agent

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

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

Signature typed or printed name of registered agent and title if applicable

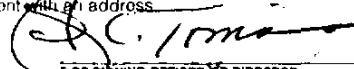
(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	T TOMAINO, JOSEPH	1.2 NAME	
STREET ADDRESS	6949 JULIE ANN CT SW	1.3 STREET ADDRESS	
CITY-ST-ZIP	FORT MYERS FL	1.4 CITY-ST-ZIP	
TITLE	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	D DEKLAVON, ROBERT A.	2.2 NAME	
STREET ADDRESS	17376 LEE RD	2.3 STREET ADDRESS	
CITY-ST-ZIP	FORT MYERS FL	2.4 CITY-ST-ZIP	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	D LINDENMEYER, PHIL	3.2 NAME	
STREET ADDRESS	93 THIRD ST. RT 4	3.3 STREET ADDRESS	
CITY-ST-ZIP	FT MYERS FL	3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	D VERMILLION, LARRY	4.2 NAME	
STREET ADDRESS	1844 LONG MEADOW ROAD	4.3 STREET ADDRESS	
CITY-ST-ZIP	FT MYERS FL	4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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:



2-5-98

941-768-0308

CR2E037 (10/97)