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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N22730					
1. Corporation Name FIRST MISSIONARY BAPTIST CHURCH OF FT. MYERS, FL ORIDA, INC.					
Principal Place of Business 2809 GRAND AVE. 117 S. FLORIDA AVENUE FORT MYERS FL 33901 US			Mailing Address P.O. BOX 6061 117 S. FLORIDA AVENUE FORT MYERS FL 33901 US		

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2. Principal Place of Business 21 2809 Grand Ave. Suite, Apt. #, etc. n/a City & State Ft. Myers, FL Zip 33901 Country Lee		2a. Mailing Address 26 P.O. Box 6061 Suite, Apt. #, etc. n/a City & State Ft. Myers, FL Zip 33911 Country Lee		3. Date Incorporated or Qualified 09/29/1987	
4. FEI Number 65-0175649		Applied For ☐ Not Applicable		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Election Campaign Financing ☐ \$5.00 May Be Added to Fees		7. Trust Fund Contribution			
9. Name and Address of Current Registered Agent CHITWOOD, ROBERT 2309 NE 19TH PLACE CAPE CORAL FL 33909			10. Name and Address of New Registered Agent 81 Name Marvin Kinney 82 Street Address (P.O. Box Number is Not Acceptable) 3590 Outrigger Ln. 83 84 City St. James FL 85 Zip Code 33598		
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 <u>Marvin Kinney</u> <u>Marvin Kinney, Registered Agent</u> DATE <u>4-25-99</u> (NOTE: Registered Agent signature required when reappointing)					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE T NAME KINNEY, LEO STREET ADDRESS 2596 GASPARINO STREET CITY-ST-ZIP ST JAMES CITY FL 33958			1.1 TITLE Tr 1.2 NAME Kinney, Leo 1.3 STREET ADDRESS 2596 Gasparilla Street 1.4 CITY-ST-ZIP St. James City, FL 33958		
TITLE VD NAME CHITWOOD, ROBERT STREET ADDRESS 2309 N.E. 19TH PLACE CITY-ST-ZIP CAPE CORAL FL			2.1 TITLE S 2.2 NAME Kinney, Beverly 2.3 STREET ADDRESS 2596 Gasparilla 2.4 CITY-ST-ZIP St. James City, FL 33958		
TITLE STD NAME KINNEY, MARVIN STREET ADDRESS 3590 OUTRIGGER LN CITY-ST-ZIP ST JAMES CITY FL			3.1 TITLE Tr 3.2 NAME Kinney, Marvin 3.3 STREET ADDRESS 3590 Outrigger Ln 3.4 CITY-ST-ZIP St. James City, FL 33958		
TITLE T NAME HUGGINS, EDIE STREET ADDRESS 302 SE VAN LOON TERRACE CITY-ST-ZIP CAPE CORAL FL 33990			4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			5.1 TITLE P 5.2 NAME Arthur F. Mott, Jr. 5.3 STREET ADDRESS 2346 Winkler Ave. 5.4 CITY-ST-ZIP Ft. Myers, FL 33901		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			6.1 TITLE TR 6.2 NAME ARTHUR CHAMPION 6.3 STREET ADDRESS CANAL ST #101 6.4 CITY-ST-ZIP FT. MYERS, FL		

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, with all other like empowered.

SIGNATURE: Arthur F. Mott, Jr. DATE: 4-25-99 DAYTIME PHONE: 941/275-7631