## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED Feb 02, 2005 8:00 am Secretary of State

•	,	, Secretary of State										
DOCUMENT # N22730  1. Entity Name FIRST MISSIONARY BAPTIST CHURCH OF FT. MYERS, FLORIDA, INC.										•	3 019 ****7	
Principal Place of Business 13971 N. CLEVELAND AVE UNIT 24 NORTH FORT MYERS, FL 33903 US				Mailing Address P.O. BOX 6061 FORT MYERS, FL 33911 US				20006582				
2. Principal P	lace of Busin	3. Mailing Address										
Suite, Apt. #, etc.			Suite, Apt. #, etc.				01292005 C	ing-NP	CR2E	037 (10/03)		
City & State	е	Cit	City & State				4. FEI Number 65-017564	49	<del></del>		plied For Applicable	
Zip	Zip Country			Zip				5. Certificate of S	tatus Desired	X	\$8.75 Addi	tional
<b></b>	d Acent				7. Name and Address of New Registered Agent							
6. Name and Address of Current Registered Agent Name							1 1) E 25 1 H ==					
MOTT, AR						Street Address (P.O. Box Number is Not Acceptable)						
752 PONDELLA RD #F128 NORTH FORT MYERS, FL 33903						770 Pondella Road # M264						
						City	City North Fort Myers FL Zip Code					
8. The above	named entit	v submits this statement	for the purp	ose of changing its	reaisten	ed office or	register	red agent, or both, in	the State of Fi	orida. I ar		
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.												
Mett & Arthur F. Mott Jr. 1-30-05												05
SIGNATURE(	Signature, typed	or printed name of registered age	nt and title if app	Sine. (NOTE	: Registere	M M Y Id Agent signes	rue cadrigos	d when reinstating)	<u> </u>	DATE		
Filing Fee is \$61.25 Due by May 1, 2005				9. Election Campaign Financing Trust Fund Contribution.				\$5.00 May Be Added to Fees Make check payable to Florida Department of State				
10.		OFFICERS AND D	DIRECTORS		11.			ADDITIONS/CHANG	ES TO OFFICE	RS AND [	DIRECTORS IN	10
TITLE	TR			☐ Delete	TITL	Ē :	TR			_	Change	Addition
NAME	CAERY, F	FRANEIS		NAMI			CAERY FRANCIS  ADDRESS 456 Clark Street					
STREET ADDRESS		RK STREET		STR			456	Clark S	treet	_		
CITY-ST-ZIP NORTH FORT MYERS, FL 33903				СПҮ			Nor	the Fort	Whele	FC	33403	
l mre	TRS		☐ Delete	TITL					•	☐ Change	Addition	
NAME	1 · · · · ·				NAM	EET ADORESS						
1 '	STREET ADDRESS 1915 HALGRIM AVE #310 CITY-ST-ZIP FORT MYERS, FL 33901					-ST-ZIP						
·	P	E143,1 E 30801	<del></del>	☐ Delete	JITL		0				Y⊠ Channa	Addition
TITLE NAME	-	R <u>TH</u> UR F JR		U Velete	4141	HC.	M	OTT, A	thur	F. G	<b>7</b>	_
STREET ADDRESS		DELL A RD #F128			STR	EET ADDRESS	770	Ponde	Ila Ra	. #	M26	4
CITY-ST-ZIP	NORTH F	ORT MYERS, FL 33	903		CITY	r-st-zip	Noc	Ponder the For	t My	rcs,	FL 3	1903
TITLE	TRT			Delete	m	E	•		/	,	Change	☐ Addition
NAME	i i				NAME							
STREET ADDRESS   2557 TAMIAMI TR LOT 46 CITY-ST-ZIP   NORTH FORT MYERS, FL 33903			003			EET ADORESS (-St-Zip						
<del></del>	NORTH	ONI MIENO, PE 33	<del></del>				<del>                                     </del>				☐ Change	Addition
NAME .				☐ Delete	TITL						Ti Areange	
STREET ADDRESS						EET AODRESS						
CITY-ST-ZIP						r-ST-ZIP	1					
TITLE	<u> </u>	· · · · · · · · · · · · · · · · · · ·		☐ Delete	m	E 			•		Change	Addition

12. 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 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 reporter 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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: SIGNATURE ON PRINTED BY ME OF PROMISE OF PRO

STREET ADDRESS

CITY-ST-ZIP

7-30-05 (234)850-489