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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 14 AM 9:12

DOCUMENT # N22951 (0)

1. Corporation Name
PALMETTO AVENUE CHURCH OF CHRIST, INC.

Principal Place of Business	Mailing Address
C/O GILBERT B. MILLER 1827 PALMETTO AVENUE FORT MYERS FL 33916	C/O GILBERT B. MILLER 1827 PALMETTO AVENUE FORT MYERS FL 33916

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/12/1987
3a. Date of Last Report: 03/15/1994
4. FEI Number: 59-2518341 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21: Palmetto Ave Church of Christ Inc.	2a. Mailing Address 26: c/o Gilbert B. Miller
Suite, Apt. #, etc. 22: 1827 Palmetto Avenue	Suite, Apt. #, etc. 27: 2699 Highland Avenue
City & State 23: Ft. Myers, Fla.	City & State 28: Ft. Myers. FLA
Zip 24: 33916 Country 25: LEE	Zip 29: 33916 Country 30: LEE

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 S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
MILLER, GILBERT B. 2699 HIGHLAND AVENUE FORT MYERS FL 33916	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: Gilbert B. Miller — Gilbert B. Miller — 3-26-95
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	TM	11 TITLE	Tr/D	☑ Change ☐ Addition
NAME	MILLER, GILBERT B.	12 NAME	Miller, Gilbert B.	
STREET ADDRESS	2699 HIGHLAND AVENUE	13 STREET ADDRESS		
CITY-ST-ZIP	FORT MYERS FL	14 CITY-ST-ZIP		
TITLE	T	21 TITLE	Tr	☑ Change ☐ Addition
NAME	FLEMMING, MICHAEL	22 NAME	Flemming, Michael	
STREET ADDRESS	4636 NEW YORK DRIVE	23 STREET ADDRESS		
CITY-ST-ZIP	FORT MYERS FL	24 CITY-ST-ZIP		
TITLE	T	31 TITLE	Tr/T	☑ Change ☐ Addition
NAME	GIVENS, VERNON	32 NAME	Givens, Vernon	
STREET ADDRESS	4976 SHERRY ST.	33 STREET ADDRESS		
CITY-ST-ZIP	FORT MYERS FL	34 CITY-ST-ZIP		
TITLE	T	41 TITLE	Tr/T	☑ Change ☐ Addition
NAME	JENKINS, NATHANIEL	42 NAME	Jenkins, Nathaniel	
STREET ADDRESS	15770 PINE RIDGE ROAD	43 STREET ADDRESS		
CITY-ST-ZIP	FORT MYERS FL	44 CITY-ST-ZIP		
TITLE	T	51 TITLE	Tr	☑ Change ☐ Addition
NAME	REDDING, LEROY	52 NAME	Redding, Leroy	
STREET ADDRESS	3320 LINCOLN BLVD	53 STREET ADDRESS		
CITY-ST-ZIP	FT MYERS FL	54 CITY-ST-ZIP		
TITLE	TD	61 TITLE	Tr	☑ Change ☐ Addition
NAME	HOLMES, JOSEPH J	62 NAME	Holmes, Joseph J.	
STREET ADDRESS	225 OHIO AVE	63 STREET ADDRESS		
CITY-ST-ZIP	FT MYERS FL	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: Vernon L Givens — VERNON L GIVENS — 3-26-95 — 813-332-5497
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #