

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **N22951** (0)

1. Corporation Name

PALMETTO AVENUE CHURCH OF CHRIST, INC.



Principal Place of Business

Mailing Address

**PALMETTO AVE. CHURCH OF CHRIST INC.
1827 PALMETTO AVENUE
FORT MYERS FL 33916
US**

**C/O GILBERT B. MILLER
2699 HIGHLAND AVENUE
FORT MYERS FL 33916
US**

3. Date Incorporated or Qualified
10/12/1987

3a. Date of Last Report
04/14/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

29 Zip

30 Country

4. FEI Number

59-2518341

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**

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 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
NAME **TRD
MILLER, GILBERT B.**
STREET ADDRESS **2699 HIGHLAND AVENUE**
CITY - ST - ZIP **FORT MYERS FL**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

TITLE ☐ DELETE
NAME **TR
FLEMMING, MICHAEL**
STREET ADDRESS **4836 NEW YORK DRIVE**
CITY - ST - ZIP **FORT MYERS FL**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

TITLE ☐ DELETE
NAME **TRT
GIVENS, VERNON**
STREET ADDRESS **4976 SHERRY ST.**
CITY - ST - ZIP **FORT MYERS FL**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

TITLE ☐ DELETE
NAME **TRT
JENKINS, NATHANIEL**
STREET ADDRESS **15770 PINE RIDGE ROAD**
CITY - ST - ZIP **FORT MYERS FL**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

TITLE ☒ DELETE
NAME **TRT
REDDING, LEROY**
STREET ADDRESS **3320 LINCOLN BLVD**
CITY - ST - ZIP **FT MYERS FL**

5.1 TITLE ☒ Change ☐ Addition
5.2 NAME **TRUSTEE = TR**
5.3 STREET ADDRESS **REDDING, LEROY**
5.4 CITY - ST - ZIP **3320 LINCOLN BLVD**
FT. MYERS, FLA

TITLE ☐ DELETE
NAME **TR
HOLMES, JOSEPH J**
STREET ADDRESS **225 OHIO AVE**
CITY - ST - ZIP **FT MYERS FL**

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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)(k), 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:

Robert A. Owen Trustee/Treasurer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-12-96

Date

c/o Gilbert Miller
941-332-5497

Daytime Phone

CR2E037 (12/95)