

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

APPROVED
AND
FILED

97 DEC -4 PM 2:00

DOCUMENT # N 22951

(0)

1. Corporation Name

PALMETTO AVENUE church of Christ, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Palmetto Avenue-church of Christ
1827 Palmetto Avenue
Ft. Myers, FLA. 33916

Mailing Address

c/o Gilbert Miller
Palmetto Ave-church of Christ
2699 Highland Avenue
Ft. Myers, FLA. 33916

- Amended -

2. Principal Place of Business

21 1827 Palmetto Avenue

Suite, Apt. #, etc.

22 N/A

City & State

23 Fort Myers, FLA.

Zip

24 33916

Country

25 USA

2a. Mailing Address

26 2699 Highland Avenue

Suite, Apt. #, etc.

27 N/A

City & State

28 Fort Myers, FLA.

Zip

29 33916

Country

30 USA

3. Date Incorporated or Qualified
10-12-87

3a. Date of Last Report
02-11-97

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

10. Name and Address of New Registered Agent

81 Name

GIVENS, Vernon

82

Street Address (P.O. Box Number is Not Acceptable)
c/o Palmetto Ave-church of Christ Inc.

83

2699 Highland Avenue

84

City Ft. Myers,

FL

85

Zip Code 33916

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

Vernon L. Givens

VERNON L. GIVENS

11-19-97

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE "T" / M
NAME MILLER, Gilbert
STREET ADDRESS 2699 Highland Avenue
CITY-ST-ZIP Ft. Myers, FLA 33916

TITLE "T"
NAME FLEMMING, Michael
STREET ADDRESS 4636 New York Avenue
CITY-ST-ZIP Ft. Myers, FLA 33905

TITLE "T"
NAME JENKINS, Nathaniel
STREET ADDRESS 15770 Pine Ridge Road
CITY-ST-ZIP Ft. Myers, FLA. 33908

TITLE "T"
NAME GIVENS, Vernon
STREET ADDRESS 4976 Sherry Street
CITY-ST-ZIP Ft. Myers, FLA. 33905

TITLE "T"
NAME GASKIN, Terry
STREET ADDRESS 3976 Corning Court
CITY-ST-ZIP Ft. Myers, FLA 33905

TITLE "T"
NAME PHILLIPS, Henry
STREET ADDRESS 2422 DAVIS Street
CITY-ST-ZIP Ft. Myers, FLA. 33916

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME 500002368865-3
1.3 STREET ADDRESS -12/10/97-01103-023
1.4 CITY-ST-ZIP *****70.00 *****70.00

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

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

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

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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:

Vernon L. Givens

VERNON L. GIVENS

11-19-97

411 332 5497

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/96)