

FILE NOW: FILING FEE IS \$61.25

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Feb 02 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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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



2. Principal Place of Business	2a. Mailing Address
21 1827 Palmetto Avenue	26 C/O 2699 Highland Avenue
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State Ft. Myers, FL	28 City & State Ft. Myers, FLA.
24 Zip 33916	29 Zip 33916
25 Country - (LEE) USA	30 Country USA

3. Date Incorporated or Qualified

10/12/1987

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

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.

☐ 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

*Gilbert B. Miller*

*Gilbert B. Miller*

1-20-98

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstalling)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	TD	1.1 TITLE
NAME	MILLER, GILBERT B	1.2 NAME
STREET ADDRESS	2699 HIGHLAND AVENUE	1.3 STREET ADDRESS
CITY-ST-ZIP	FORT MYERS FL 33916	1.4 CITY-ST-ZIP
TITLE	TD	2.1 TITLE
NAME	FLEMMING, MICHAEL	2.2 NAME
STREET ADDRESS	4636 NEW YORK DRIVE	2.3 STREET ADDRESS
CITY-ST-ZIP	FORT MYERS FL 33905	2.4 CITY-ST-ZIP
TITLE	TT	3.1 TITLE
NAME	GIVENS, VERNON	3.2 NAME
STREET ADDRESS	4976 SHERRY ST.	3.3 STREET ADDRESS
CITY-ST-ZIP	FORT MYERS FL 33905	3.4 CITY-ST-ZIP
TITLE	TD	4.1 TITLE
NAME	JENKINS, NATHANIEL	4.2 NAME
STREET ADDRESS	15770 PINE RIDGE ROAD	4.3 STREET ADDRESS
CITY-ST-ZIP	FORT MYERS FL 33908	4.4 CITY-ST-ZIP
TITLE	T	5.1 TITLE
NAME	PHILLIPS, HENRY	5.2 NAME
STREET ADDRESS	2422 DAVIS STREET	5.3 STREET ADDRESS
CITY-ST-ZIP	FT MYERS FL 33916	5.4 CITY-ST-ZIP
TITLE	T	6.1 TITLE
NAME	GASKIN, TERRY	6.2 NAME
STREET ADDRESS	3976 Corning Court	6.3 STREET ADDRESS
CITY-ST-ZIP	Ft. Myers, FLA. 33905	6.4 CITY-ST-ZIP

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.

SIGNATURE:

*Vernon H. Givens* (VERNON H. GIVENS)

1-20-98

941-332-5497

CR2E037 (10/97)