

✓ # 3932  
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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Apr 19, 1999 8:00 am**  
**Secretary of State**

04-19-1999 90018 035 \*\*\*\*61.25

**DOCUMENT # N22951**

1. Corporation Name

**PALMETTO AVENUE CHURCH OF CHRIST, INC.**

Principal Place of Business

1827 PALMETTO AVE  
FORT MYERS FL 33916  
US

Mailing Address

2699 HIGHLAND AVE  
FORT MYERS FL 33916  
US



2. Principal Place of Business

21 1827 Palmetto Avenue

2a. Mailing Address

26 c/o 2699 Highland Avenue

3. Date Incorporated or Qualified

10/12/1987

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

59-2518341

Applied For

Not Applicable

City & State

23 Fort Myers, FLA

City & State

28 Ft Myers, FLA

Zip Country (LEE)  
24 33916 25 USA

Zip Country (LEE)  
29 33916 30 USA

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

9. Name and Address of Current Registered Agent

GIVENS, VERNON  
C/O PALMETTO AVE - CHURCH OF CHRIST, INC.  
2699 HIGHLAND AVENUE  
FT. MYERS FL 33916

10. Name and Address of New Registered Agent

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

*Gilbert B. Miller*

4.11.99

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME TM  
MILLER, GILBERT B  
STREET ADDRESS 2699 HIGHLAND AVENUE  
CITY-ST-ZIP FORT MYERS FL 33916

TITLE ☐ DELETE

NAME T  
FLEMMING, MICHAEL  
STREET ADDRESS 4636 NEW YORK DRIVE  
CITY-ST-ZIP FORT MYERS FL 33905

TITLE ☐ DELETE

NAME T  
GIVENS, VERNON  
STREET ADDRESS 4976 SHERRY ST.  
CITY-ST-ZIP FORT MYERS FL 33905

TITLE ☐ DELETE

NAME TD  
JENKINS, NATHANIEL  
STREET ADDRESS 15770 PINE RIDGE ROAD  
CITY-ST-ZIP FORT MYERS FL 33908

TITLE ☐ DELETE

NAME T  
PHILLIPS, HENRY  
STREET ADDRESS 2422 DAVIS STREET  
CITY-ST-ZIP FT MYERS FL 33916

TITLE ☐ DELETE

NAME T  
GASKIN, TERRY  
STREET ADDRESS 3976 CORNING CT  
CITY-ST-ZIP FT MYERS FL 33905

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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, with all other like empowered.

SIGNATURE: *Vernon Givens* SIGNATURE RETURNED TO GIVENS

4-11-99

941-332-5497

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)