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FILED  
Feb 11 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N28550** (4)

1. Corporation Name

**ANTIOCH BAPTIST CHURCH OF FT. MYERS, INC.**

Principal Place of Business

Mailing Address

**C/O WILLIAM LANDRUM  
2828 ECONOMY ST.  
FT. MYERS FL 33916  
US**

**C/O WILLIAM LANDRUM  
2828 ECONOMY ST.  
FT. MYERS FL 33916-2706  
US**

3. Date Incorporated or Qualified  
**10/28/1988**

3a. Date of Last Report  
**05/24/1996**

2. Principal Place of Business

2a. Mailing Address

**21** Suite, Apt. #, etc.

**26** Suite, Apt. #, etc.

**22** City & State

**27** City & State

**23** Zip

Country

**28** Zip

Country

**24**

**25**

**29**

**30**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LANDRUM, WILLIAM  
2828 ECONOMY STREET  
FT. 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 **PD** ☐ DELETE

NAME **BROWN, RUSSELL L.**  
STREET ADDRESS **2 KINGSMAN CIRCLE**  
CITY-ST-ZIP **FT. MYERS FL**

1.1 TITLE ☐ Change ☐ Addition

TITLE **VD** ☐ DELETE

NAME **HUGHES, LOREEN P.**  
STREET ADDRESS **2255 PAULDO ST.**  
CITY-ST-ZIP **FT. MYERS FL**

1.2 NAME ☐ Change ☐ Addition

TITLE **STD** ☐ DELETE

NAME **MCGRIFF, DOROTHY**  
STREET ADDRESS **3266 DALE STREET**  
CITY-ST-ZIP **FT. MYERS FL**

1.3 STREET ADDRESS ☐ Change ☐ Addition

TITLE **VD** ☐ DELETE

NAME **FORD, BARBARA P.**  
STREET ADDRESS **2945 BROWN STREET**  
CITY-ST-ZIP **FT. MYERS FL**

1.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

2.2 NAME ☐ Change ☐ Addition

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.

CR2E037 (9/96)