

FILE NOW: FILING FEE IS \$61.25

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Apr 02 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 # **N31068** (2)

1. Corporation Name

**BONITA SPRINGS CHURCH OF CHRIST, INC.**



Principal Place of Business <b>27121 OLD 41 RD. P. O. BOX 1995 BONITA SPRINGS FL 33959</b>	Mailing Address <b>27121 OLD 41 RD. P. O. BOX 1995 BONITA SPRINGS FL 34133-1995</b>
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3. Date Incorporated or Qualified <b>03/08/1989</b>	3a. Date of Last Report <b>02/14/1996</b>
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2. Principal Place of Business <b>21</b> Suite, Apt. #, etc. <b>22</b> City & State <b>23</b> Zip <b>24</b> Country	2a. Mailing Address <b>26</b> Suite, Apt. #, etc. <b>27</b> City & State <b>28</b> Zip <b>29</b> Country	4. FEI Number <b>65-0057087</b>	Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~DAVID, JAMES D.~~  
~~17881 HACIENDA E. BLVD~~  
~~BONITA SPRINGS FL 33906~~

81 Name <b>WILLIAM D. SHELLY</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>11240 TANGELO TERRACE</b>
83
84 City <b>BONITA SPRINGS FL</b>
85 Zip Code <b>34135</b>

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 William D. Shelly **WILLIAM D. SHELLY 3-28-97**  
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	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<del>DAVID, JAMES D.</del>		1.2 NAME	<b>WILLIAM D. SHELLY</b>	
STREET ADDRESS	<del>17881 HACIENDA E. BLVD</del>		1.3 STREET ADDRESS	<b>11240 TANGELO TERRACE</b>	
CITY-ST-ZIP	<del>BONITA SPRINGS FL</del>		1.4 CITY-ST-ZIP	<b>BONITA SPRINGS, FL 34135</b>	
TITLE	VD	<input type="checkbox"/> DELETE	2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SMITH, SAM C.</b>		2.2 NAME		
STREET ADDRESS	<b>10821 DEAN STREET</b>		2.3 STREET ADDRESS	<b>12267 LONDONDERRY LN.</b>	
CITY-ST-ZIP	<b>BONITA SPRINGS FL</b>		2.4 CITY-ST-ZIP	<b>BONITA SPRINGS, FL 34135</b>	
TITLE	STD	<input type="checkbox"/> DELETE	3.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CASTRO, DAVID</b>		3.2 NAME		
STREET ADDRESS	<b>12267 LONDON PERRY LANE</b>		3.3 STREET ADDRESS	<b>10881 DEAN ST.</b>	
CITY-ST-ZIP	<b>BONITA SPRINGS FL</b>		3.4 CITY-ST-ZIP	<b>BONITA SPRINGS, FL 34135</b>	
TITLE	T	<input type="checkbox"/> DELETE	4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SHELLY, WILLIAM D</b>		4.2 NAME		
STREET ADDRESS	<b>11240 TANGELO TERRACE</b>		4.3 STREET ADDRESS		
CITY-ST-ZIP	<b>BONITA SPRINGS FL</b>		4.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			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.

CR2E037 (9/96)