

FILE NOW: FILING FEE IS \$61.25

FILED  
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 27121 OLD 41 RD. P. O. BOX 1995 BONITA SPRINGS FL 33959	Mailing Address 27121 OLD 41 RD. P. O. BOX 1995 BONITA SPRINGS FL 34133-1995
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified <b>03/08/1989</b>	3a. Date of Last Report <b>02/14/1996</b>
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number <b>65-0057087</b>	Applied For <input type="checkbox"/> Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
24. Country	29. Country	30. Country	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

~~DAVID, JAMES D.  
17881 FIACIENDA E. BLVD 219-A  
BONITA SPRINGS FL 33908~~

10. Name and Address of New Registered Agent

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

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		
TITLE	<b>PD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<del>DAVID, JAMES D.</del>	
STREET ADDRESS	<del>17881 FIACIENDA E. BLVD</del>	
CITY-ST-ZIP	<del>BONITA SPRINGS FL</del>	
TITLE	<b>VD</b>	<input type="checkbox"/> DELETE
NAME	<b>SMITH, SAM C.</b>	
STREET ADDRESS	<b>10821 DEAN STREET</b>	
CITY-ST-ZIP	<b>BONITA SPRINGS FL</b>	
TITLE	<b>STD</b>	<input type="checkbox"/> DELETE
NAME	<b>CASTRO, DAVID</b>	
STREET ADDRESS	<b>12267 LONDON PERRY LANE</b>	
CITY-ST-ZIP	<b>BONITA SPRINGS FL</b>	
TITLE	<b>↑</b>	<input type="checkbox"/> DELETE
NAME	<b>SHELLY, WILLIAM D</b>	
STREET ADDRESS	<b>11240 TANGELO TERRACE</b>	
CITY-ST-ZIP	<b>BONITA SPRINGS FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	<b>PD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>WILLIAM D. SHELLY</b>	
1.3 STREET ADDRESS	<b>11240 TANGELO TERRACE</b>	
1.4 CITY-ST-ZIP	<b>BONITA SPRINGS, FL 34135</b>	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS	<b>12267 LONDON PERRY LN.</b>	
2.4 CITY-ST-ZIP	<b>BONITA SPRINGS, FL 34135</b>	
3.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS	<b>10821 DEAN ST</b>	
3.4 CITY-ST-ZIP	<b>BONITA SPRINGS, FL 34135</b>	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.

CPRE037 (9/96)