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Mar 31 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N31311 (6)**

1. Corporation Name

**THE FRIENDS-PILGRIMS' CHURCHES LAND STEWARDSHIP
MINISTRIES, INC.**

Principal Place of Business

**13500 FRESHMAN LANE
FORT MYERS FL 33912**

Mailing Address

**13500 FRESHMAN LANE
FORT MYERS FL 33912-1808**



3. Date Incorporated or Qualified **03/22/1989** 3a. Date of Last Report **03/29/1996**

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

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25

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4. FEI Number

65-0109252

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**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**KENSINGER, KENNETH
13500 FRESHMAN LANE
FORT MYERS FL 33912**

81 Name

William Cason

82 Street Address (P.O. Box Number is Not Acceptable)

13500 Freshman Lane

83

84 City

Fort Myers

FL

85 Zip Code

33912-1808

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 A. Cason

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 **DS** ☐ DELETE
NAME **MILES, SUE**
STREET ADDRESS **5804 SW 1ST PLACE**
CITY-ST-ZIP **CAPE CORAL FL**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE **DV** ☐ DELETE
NAME **CASON, WILLIAM**
STREET ADDRESS **18293 LEE ROAD**
CITY-ST-ZIP **FT. MYERS FL 33912**

2.1 TITLE **President** ☒ Change ☐ Addition
2.2 NAME *William A. Cason*
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE **DP** ☐ DELETE
NAME **KENSINGER, KENNETH**
STREET ADDRESS **1036 BAYSHORE AVE**
CITY-ST-ZIP **FT. MYERS FL**

3.1 TITLE **D** ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **DODSON, DOUGLAS**
STREET ADDRESS **11 CATALPA CT.**
CITY-ST-ZIP **FT. MYERS FL 33919**

4.1 TITLE **Treasurer** ☒ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE **D** ☒ DELETE
NAME **ALBIN, DAVID**
STREET ADDRESS **15048 CLOVERDALE DR**
CITY-ST-ZIP **FT. MYERS FL**

5.1 TITLE **D** ☐ Change ☒ Addition
5.2 NAME **Harry Fowler**
5.3 STREET ADDRESS **15111 Meadow Circle**
5.4 CITY-ST-ZIP **Fort Myers, FL 33908**

TITLE **D** ☐ DELETE
NAME **NIELAND, GLENN**
STREET ADDRESS **1830 BRANTLEY RD J-2**
CITY-ST-ZIP **FT. MYERS FL**

6.1 TITLE **Vice President** ☒ Change ☐ 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.

SIGNATURE:

William A. Cason
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/4/97

Date

Daytime Phone # **0086678**

CR2E037 (9/96)