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Feb 03 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N38203** (8)

1. Corporation Name

**APOSTOLIC EVANGELISTIC ASSOCIATION OF FORT MYERS
, INC.**

Principal Place of Business

Mailing Address

2100 BARDEN ST
FT. MYERS FL 33916
US

2100 BARDEN STREET
FT MYERS FL 33916
US

3. Date Incorporated or Qualified

05/17/1990

4. FEI Number

65-0192892

Applied For

Not Applicable

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

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JONES, GEORGE
2656 MARKET STREET
FT. MYERS FL 33901

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

TITLE PT ☐ DELETE

NAME JONES, GEORGE
STREET ADDRESS 2656 MARKET ST.
CITY-ST-ZIP FT. MYERS FL

TITLE VT ☐ DELETE

NAME BRYANT, WILLIE
STREET ADDRESS 3590 SEMINOLE AVE #4
CITY-ST-ZIP FT. MYERS FL

TITLE ~~ST~~ ☒ DELETE

NAME ~~ADDISON, REBECCA~~
STREET ADDRESS ~~28 KINGSMAN CIR.~~
CITY-ST-ZIP ~~FT. MYERS FL~~

TITLE TT ☐ DELETE

NAME HOPSON, MARY LEE
STREET ADDRESS 4947 JEANIE LANE
CITY-ST-ZIP FT. MYERS FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE S/T/T ☒ Change ☐ Addition

1.2 NAME MARY L HOPSON
1.3 STREET ADDRESS 4947 JEANIE LANE
1.4 CITY-ST-ZIP FT MYERS, FLORIDA 33905

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.

SIGNATURE: George Jones NATALIE

01-15-98 (841) 337-0311

CR2E037 (10/97)