

FILE NOW: FILING FEE IS \$61.25

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Mar 24 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N39151** (8)

1. Corporation Name

FT. MYERS BEACH 4TH OF JULY FIREWORKS COMMITTEE, INC.



Principal Place of Business	Mailing Address
1130 MAIN ST FT. MYERS BEACH FL 33931 US	1130 MAIN ST FT. MYERS BEACH FL 33931-2212 US

3. Date Incorporated or Qualified 07/19/1990	3a. Date of Last Report 04/17/1996
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2. Principal Place of Business	2a. Mailing Address	4. FEI Number 65-0357231	Applied For <input type="checkbox"/> Not Applicable
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
22 City & State	27 City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
23 Zip Country	28 Zip Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
24	25	29	30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GRAY, JOANNE
1120 MAIN STREET
FORT MYERS FL 33931**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE <input type="checkbox"/> DELETE	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME D SEMMER, WILLIAM J.	1.2 NAME
STREET ADDRESS 6100 ESTERO BLVD.	1.3 STREET ADDRESS
CITY- ST- ZIP FT. MYERS BEACH FL	1.4 CITY- ST- ZIP
TITLE <input type="checkbox"/> DELETE	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME D SEMMER, SHIRLEY S.	2.2 NAME
STREET ADDRESS 6100 ESTERO BLVD.	2.3 STREET ADDRESS
CITY- ST- ZIP FT. MYERS BEACH FL	2.4 CITY- ST- ZIP
TITLE <input type="checkbox"/> DELETE	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME D GRAY, JOANN	3.2 NAME
STREET ADDRESS 6100 ESTERO BLVD.	3.3 STREET ADDRESS
CITY- ST- ZIP FT. MYERS BEACH FL	3.4 CITY- ST- ZIP
TITLE <input type="checkbox"/> DELETE	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME D HARROD, BRENDA	4.2 NAME
STREET ADDRESS 6100 ESTERO BLVD.	4.3 STREET ADDRESS
CITY- ST- ZIP FT. MYERS BEACH FL	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, unchanged, or on an attachment with an address.

SIGNATURE:

Joanne Gray
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-18-97

Date

Daytime Phone # 0087154

CR2E037 (9/96)