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Mar 06 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 # N44260 (0)

1. Corporation Name

CHRIST GOSPEL CHURCH OF FORT MYERS, FLORIDA INCORPORATED



Principal Place of Business

Mailing Address

4461 BUCKINGHAM RD
FT MYERS FL 33905
US

4851 SHADY RIVER LANE
FT MYERS FL 33905-7455

3. Date Incorporated or Qualified
07/11/1991

3a. Date of Last Report
05/01/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc

26 Suite, Apt. #, etc.

23 City & State

28 City & State

24 Zip

25 Country

29 Zip

30 Country

4. FEI Number
59-1961699

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

MCKAY, DON, JR.
4851 SHADY RIVER LANE
FT. MYERS FL 33905

81 Name

Ruery Juarez

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

4851 SHADY RIVER LANE

83

84 City

Ft. Myers

FL

85 Zip Code
33905

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 *Benny G. Juarez*

(NOTE: Registered Agent signature required when reinstating)

DATE

2-28-97

12. OFFICERS AND DIRECTORS		
TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	MCKAY, DON, JR.	
STREET ADDRESS	4851 SHADY RIVER LANE	
CITY-ST-ZIP	FT MYERS FL	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	KENT, CAROL	
STREET ADDRESS	7759 BOGART DRIVE	
CITY-ST-ZIP	N FT MYERS FL	
TITLE	DV	<input checked="" type="checkbox"/> DELETE
NAME	MCKAY, CAROLINE	
STREET ADDRESS	4851 SHADY RIVER LANE	
CITY-ST-ZIP	FT MYERS FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BROWN, DON	
STREET ADDRESS	2806 WINONA DRIVE	
CITY-ST-ZIP	N FT MYERS FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GOHL, JUDSON, JR	
STREET ADDRESS	32 N.E. 18TH PL #B	
CITY-ST-ZIP	CAPE CORAL FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	DP (LAST)	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Ruery Juarez	
1.3 STREET ADDRESS	4851 SHADY RIVER LANE	
1.4 CITY-ST-ZIP	FT. MYERS, FL	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	DV	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	JUAREZ & IVONNE	
3.3 STREET ADDRESS	4851 SHADY RIVER LANE	
3.4 CITY-ST-ZIP	Ft. Myers, FL	
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	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	GOHL, Judson Jr	of address
5.3 STREET ADDRESS	773 MARSH ST.	
5.4 CITY-ST-ZIP	N Ft. Myers, FL	
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)(l), 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:

Carol A. Kent A. Kent 2-28-97

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0056127

CR2E037 (9/96)