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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

26

Suite, Apt. #, etc

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

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

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

83

84 City

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*  
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

2-28-97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP ☒ DELETE  
NAME MCKAY, DON, JR.  
STREET ADDRESS 4851 SHADY RIVER LANE  
CITY-ST-ZIP FT MYERS FL

1.1 TITLE DP (LAST) ☒ Change ☒ Addition  
1.2 NAME Ruery Juarez  
1.3 STREET ADDRESS 4851 SHADY RIVER LANE  
1.4 CITY-ST-ZIP FT. MYERS, FL

TITLE DS ☐ DELETE  
NAME KENT, CAROL  
STREET ADDRESS 7759 BOGART DRIVE  
CITY-ST-ZIP N FT MYERS FL

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE DV ☒ DELETE  
NAME MCKAY, CAROLINE  
STREET ADDRESS 4851 SHADY RIVER LANE  
CITY-ST-ZIP FT MYERS FL

3.1 TITLE DV ☒ Change ☒ Addition  
3.2 NAME JUAREZ, E IVONNE  
3.3 STREET ADDRESS 4851 SHADY RIVER LANE  
3.4 CITY-ST-ZIP Ft. Myers, FL

TITLE D ☐ DELETE  
NAME BROWN, DON  
STREET ADDRESS 2806 WINONA DRIVE  
CITY-ST-ZIP N FT MYERS FL

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

TITLE D ☐ DELETE  
NAME GOHL, JUDSON, JR  
STREET ADDRESS 32 N.E. 18TH PL #B  
CITY-ST-ZIP CAPE CORAL FL

5.1 TITLE D ☒ Change ☐ Addition  
5.2 NAME GOHL, Judson Jr  
5.3 STREET ADDRESS 773 MARSH ST.  
5.4 CITY-ST-ZIP N Ft. MYERS, FL

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ 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)(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*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0056127

CR2E037 (9/96)