

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

DOCUMENT # N50017 (5)

95 APR 27 AM 11:48

**FIRST PRESBYTERIAN CHURCH OF BONITA SPRINGS, INC
INCORPORATED, PC (USA)**

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

Principal Place of Business: POST OFFICE BOX 2168, BONITA SPRINGS FL 33959
Mailing Address: POST OFFICE BOX 2168, BONITA SPRINGS FL 33959

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 07/22/1992	3a. Date of Last Report 04/27/1994
4. FEI Number 59-1622501	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
24 Zip	25 Country
28 Zip	29 Country
30	

9. Name and Address of Current Registered Agent
MCCLURE, JOE S.
9751 BONITA BEACH ROAD
BONITA SPRINGS FL 33923

10. Name and Address of New Registered Agent
81 Name: **Jon B.M. Fregger**
82 Street Address (P.O. Box Number is Not Acceptable): **27029 Jarvis Road**
83
84 City: **Bonita Springs** FL 85 Zip Code: **33923**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: *Jon B.M. Fregger* **Jon B.M. FREGGER** DATE: **4/24/95**

12. OFFICERS AND DIRECTORS	
TITLE: PD	NAME: EATON, JUDITH N. STREET ADDRESS: 28235 HICKORY BLVD., APT. 2-D CITY-ST-ZIP: BONITA SPRGS FL
TITLE: S	NAME: HORNEY, IRENE L STREET ADDRESS: 27301 DORTCH AVE CITY-ST-ZIP: BONITA SPRINGS FL
TITLE: TD	NAME: SMALTZ, GENE W STREET ADDRESS: 13180 HAMILTON HARBOR DR., #12 CITY-ST-ZIP: NAPLES FL
TITLE:	NAME:
TITLE:	NAME:
TITLE:	NAME:

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE: SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME:	
1.3 STREET ADDRESS:	
1.4 CITY-ST-ZIP:	
2.1 TITLE: CD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME: James Morgan	
2.3 STREET ADDRESS: 9915 Treasure Cay Lane	
2.4 CITY-ST-ZIP: Bonita Springs FL 33923	
3.1 TITLE: T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME:	
3.3 STREET ADDRESS:	
3.4 CITY-ST-ZIP:	
4.1 TITLE: VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME: Lynn Blake	
4.3 STREET ADDRESS: 9905 White Sands Place	
4.4 CITY-ST-ZIP: Bonita Springs FL 33923	
5.1 TITLE: D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME: Wayne Fariss	
5.3 STREET ADDRESS: 27800 Matheson Avenue	
5.4 CITY-ST-ZIP: Bonita Springs FL 33923	
6.1 TITLE: D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME: Joseph Hogue	
6.3 STREET ADDRESS: 25592 Tropic Acres Drive	
6.4 CITY-ST-ZIP: Bonita Springs FL 33923	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Gene W. Smaltz* **Gene W. Smaltz** DATE: **4/21/95** 813-992-3233