

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # N50017 (5)**

1. Corporation Name

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



Principal Place of Business

Mailing Address

**POST OFFICE BOX 2168  
BONITA SPRINGS FL 33959**

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BONITA SPRINGS FL 33959**

3. Date Incorporated or Qualified  
**07/22/1992**

3a. Date of Last Report  
**04/27/1995**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		26		59-1622501		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		<input type="checkbox"/> Yes <input type="checkbox"/> No	
23		28		24		25	
Zip		Country		29		30	

**9. Name and Address of Current Registered Agent**

**FREGGER, JON B.M.  
27029 JARVIS ROAD  
BONITA SPRINGS FL 33923**

**10. Name and Address of New Registered Agent**

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	SD EATON, JUDITH N. 26235 HICKORY BLVD., APT. 2-D BONITA SPRGS FL	<input checked="" type="checkbox"/> DELETE	11 TITLE	SD Alice A. Groth 28438 Las Palmas Circle Bonita Springs FL 33923	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CD MORGAN, JAMES 9915 TREASURE CAY LANE BONITA SPRINGS FL	<input type="checkbox"/> DELETE	12 NAME	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	TD SMALTZ, GENE W 13180 HAMILTON HARBOR DR., #12 NAPLES FL	<input type="checkbox"/> DELETE	13 STREET ADDRESS	CD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP	VD BLAKE, LYNN 9905 WHITE SANDS PLACE BONITA SPRINGS FL	<input type="checkbox"/> DELETE	14 CITY-ST-ZIP	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D FARISS, WAYNE 27800 MATHESON AVENUE BONITA SPRINGS FL	<input type="checkbox"/> DELETE	21 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D HOGUE, JOSEPH 25592 TROPIC ACRES DRIVE BONITA SPRINGS FL	<input type="checkbox"/> DELETE	22 NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			23 STREET ADDRESS		
CITY-ST-ZIP			24 CITY-ST-ZIP		
			25 CITY-ST-ZIP		
			26 CITY-ST-ZIP		
			27 CITY-ST-ZIP		
			28 CITY-ST-ZIP		
			29 CITY-ST-ZIP		
			30 CITY-ST-ZIP		

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 119.07(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 617, 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*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/96 941-992-3233  
Date Daytime Phone #

CR2E037 (12/95)