

FILE NOW: FILING FEE IS \$61.25

FILED

May 12 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N50017 (5)**

1. Corporation Name  
**FIRST PRESBYTERIAN CHURCH OF BONITA SPRINGS, INC ORPORATED, PC (USA)**

Principal Place of Business <b>POST OFFICE BOX 2168 BONITA SPRINGS FL 33959</b>	Mailing Address <b>POST OFFICE BOX 2168 BONITA SPRINGS FL 34133-2168</b>
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2. Principal Place of Business 21 <b>9751 Bonita Beach Road</b> Suite, Apt. #, etc.	2a. Mailing Address 26 _____ Suite, Apt. #, etc.
22 _____ City & State 23 <b>Bonita Springs FL</b>	27 _____ City & State 28 _____
24 Zip <b>34135</b> Country <b>USA</b>	29 Zip _____ Country _____

3. Date Incorporated or Qualified <b>07/22/1992</b>	3a. Date of Last Report <b>04/29/1996</b>
4. FEI Number <b>59-1622501</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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 <b>Paul J. Kirbas</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>10590 Landau Lane</b>
83 _____
84 City <b>Bonita Springs FL</b> 85 Zip Code <b>34135</b>

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 *Paul J. Kirbas* *Paul J. Kirbas* DATE **4/29/97**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>SD</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<b>SD</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>GROTH, ALICE</b>	1.2 NAME	<b>Oehler, H. William</b>
STREET ADDRESS	<b>28438 LAS PALMAS CIRCLE</b>	1.3 STREET ADDRESS	<b>752 Wiggins Pass Drive 102</b>
CITY-ST-ZIP	<b>BONITA SPRINGS FL</b>	1.4 CITY-ST-ZIP	<b>Naples FL 34110-6039</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>MORGAN, JAMES</b>	2.2 NAME	<b>Frabutt, Peter J.</b>
STREET ADDRESS	<b>9915 TREASURE CAY LANE</b>	2.3 STREET ADDRESS	<b>13940 Southhampton Drive 4001</b>
CITY-ST-ZIP	<b>BONITA SPRINGS FL</b>	2.4 CITY-ST-ZIP	<b>Bonita Springs FL 34135-2425</b>
TITLE	<b>TD</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SMALTZ, GENE W</b>	3.2 NAME	
STREET ADDRESS	<b>13180 HAMILTON HARBOR DR., #12</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NAPLES FL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>CD</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BLAKE, LYNN</b>	4.2 NAME	
STREET ADDRESS	<b>9905 WHITE SANDS PLACE</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BONITA SPRINGS FL</b>	4.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>FARISS, WAYNE</b>	5.2 NAME	<b>Hagy, Robert R.</b>
STREET ADDRESS	<b>27800 MATHESON AVENUE</b>	5.3 STREET ADDRESS	<b>24720 Lyonia Lane</b>
CITY-ST-ZIP	<b>BONITA SPRINGS FL</b>	5.4 CITY-ST-ZIP	<b>Bonita Springs FL 34134-7941</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HOGUE, JOSEPH</b>	6.2 NAME	
STREET ADDRESS	<b>25592 TROPIC ACRES DRIVE</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BONITA SPRINGS FL</b>	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 if engaged, or on an attachment with an address.

SIGNATURE: *Gene W. Smaltz* **Gene W. Smaltz** DATE **4/26/97** PHONE **941-992-3233**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/96)