

FILE NOW: FILING FEE IS \$61.25

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May 12 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham 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 POST OFFICE BOX 2168 BONITA SPRINGS FL 33959	Mailing Address POST OFFICE BOX 2168 BONITA SPRINGS FL 34133-2168
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2. Principal Place of Business 21 9751 Bonita Beach Road Suite, Apt. #, etc. 22 City & State 23 Bonita Springs FL Zip 24 34135	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29	Country 25 USA 30
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3. Date Incorporated or Qualified 07/22/1992	3a. Date of Last Report 04/29/1996
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4. FEI Number 59-1622501	Applied For <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> 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
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 Paul J. Kirbas
82 Street Address (P.O. Box Number is Not Acceptable) 10590 Landau Lane
83
84 City Bonita Springs
85 Zip Code FL 34135

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 NAME STREET ADDRESS CITY - ST - ZIP	SD GROTH, ALICE 28438 LAS PALMAS CIRCLE BONITA SPRINGS FL	<input checked="" type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MORGAN, JAMES 9915 TREASURE CAY LANE BONITA SPRINGS FL	<input checked="" type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD SMALTZ, GENE W 13180 HAMILTON HARBOR DR., #12 NAPLES FL	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CD BLAKE, LYNN 9905 WHITE SANDS PLACE BONITA SPRINGS FL	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D FARISS, WAYNE 27800 MATHESON AVENUE BONITA SPRINGS FL	<input checked="" type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HOGUE, JOSEPH 25592 TROPIC ACRES DRIVE BONITA SPRINGS FL	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP

<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	SD Oehler, H. William 752 Wiggins Pass Drive 102 Naples FL 34110-6039
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	D Frabutt, Peter J. 13940 Southhampton Drive 4001 Bonita Springs FL 34135-2425
<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	D Hagy, Robert R. 24720 Lyonia Lane Bonita Springs FL 34134-7941
<input type="checkbox"/> Change <input type="checkbox"/> Addition	

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)