

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

**FILED**

**May 15 1998 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</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>8751 BONITA BEACH ROAD                  BONITA SPRINGS FL 34135                  US</b>	Mailing Address <b>POST OFFICE BOX 2168                  BONITA SPRINGS FL 33959</b>
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3. Date Incorporated or Qualified <b>07/22/1992</b>	
4. FEI Number <b>59-1622501</b>	Applied For <input type="checkbox"/> 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>	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	28 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30 <b>FL 34133</b>

9. Name and Address of Current Registered Agent

**KIRBAS, PAUL J  
 10590 LANDAU LANE  
 BONITA SPRINGS FL 34135**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

**FL**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>SD</b> <input type="checkbox"/> DELETE
NAME	<b>OEHLER, H W</b>
STREET ADDRESS	<b>752 WIGGINS PASS DRIVE 102</b>
CITY-ST-ZIP	<b>NAPLES FL</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>FRABUTT, PETER J</b>
STREET ADDRESS	<b>13940 SOUTHAMPTON DRIVE 4001</b>
CITY-ST-ZIP	<b>BONITA SPRINGS FL</b>
TITLE	<b>TD</b> <input type="checkbox"/> DELETE
NAME	<b>SMALTZ, GENE W</b>
STREET ADDRESS	<b>13180 HAMILTON HARBOR DR., #12</b>
CITY-ST-ZIP	<b>NAPLES FL</b>
TITLE	<b>CD</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>BLAKE, LYNN</b>
STREET ADDRESS	<b>9905 WHITE SANDS PLACE</b>
CITY-ST-ZIP	<b>BONITA SPRINGS FL</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>HAGY, ROBERT T</b>
STREET ADDRESS	<b>24720 LYONIA LANE</b>
CITY-ST-ZIP	<b>BONITA SPRINGS FL</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>HOGUE, JOSEPH</b>
STREET ADDRESS	<b>25592 TROPIC ACRES DRIVE</b>
CITY-ST-ZIP	<b>BONITA SPRINGS FL</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>VD Stuart Stanley</b>
1.3 STREET ADDRESS	<b>13030 Bridgetand Ave</b>
1.4 CITY-ST-ZIP	<b>Bonita Spring FL 34135</b>
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>C Elder, James</b>
4.3 STREET ADDRESS	<b>25740 Hickory Blvd 642D</b>
4.4 CITY-ST-ZIP	<b>Bonita Spring FL 34134</b>
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>PD</b>
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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 changed, or on an attachment with an address.

SIGNATURE \_\_\_\_\_

CR2E037 (10/97)