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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N50017

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

Principal Place of Business 9751 BONITA BEACH ROAD BONITA SPRINGS FL 34135 US	Mailing Address POST OFFICE BOX 2168 BONITA SPRINGS FL 34133 US
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 07/22/1992
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1622501
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
	Zip 29	Country 30

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
KIRBAS, PAUL J 10590 LANDAU LANE BONITA SPRINGS, FL 34135		81 Name	85 Zip Code
		82 Street Address (P.O. Box Number is Not Acceptable)	FL
		83	
		84 City	

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE SD NAME OEHLER, H W STREET ADDRESS 752 WIGGINS PASS DRIVE 102 CITY-ST-ZIP NAPLES FL	<input checked="" type="checkbox"/> DELETE	1.1 TITLE SD 1.2 NAME EATON, JUDITH N 1.3 STREET ADDRESS 26235 HICKORY BLVD 2D 1.4 CITY-ST-ZIP BONITA SPRINGS FL 34134	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE D NAME FRABUTT, PETER J STREET ADDRESS 13940 SOUTHAMPTON DRIVE 4001 CITY-ST-ZIP BONITA SPRINGS FL	<input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE TD NAME SMALTZ, GENE W STREET ADDRESS 13180 HAMILTON HARBOR DR., #12 CITY-ST-ZIP NAPLES FL	<input checked="" type="checkbox"/> DELETE	3.1 TITLE TD 3.2 NAME DOYLE, RICHARD J. 3.3 STREET ADDRESS 4296 SANCTUARY WAY 3.4 CITY-ST-ZIP BONITA SPRINGS FL 34134	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE VD NAME SHUART, STANLEY STREET ADDRESS 13030 BRIDGEFEIN AVE CITY-ST-ZIP BONITA SPRINGS FL 34135	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE PD NAME HAGY, ROBERT T STREET ADDRESS 24720 LYONIA LANE CITY-ST-ZIP BONITA SPRINGS FL	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE C NAME ELDER, JAMES STREET ADDRESS 25740 HICKORY BLVD, #G-420 CITY-ST-ZIP BONITA SPRINGS FL 34134	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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, with all other like empowered.

SIGNATURE:  Judith N Eaton 4/22/99

CR2E037 (1/198)