

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2006 08:00 AM
Secretary of State

DOCUMENT # N50739	
1. Entity Name NORTH FORT MYERS FIRST BAPTIST CHURCH, INC.	

Principal Place of Business 75 EVERGREEN ROAD N FT MYERS, FL 33903	Mailing Address 75 EVERGREEN RD. N. FT. MYERS, FL 33903 US
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01142006 No Chg-NP CR2ED37 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1316763	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent SPECIE, JOSEPH G 233 STATE STREET N FT MYERS, FL 33903
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IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signatures, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when restoring) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T MILLER, JIM 140 WHIDDEN ROAD N FORT MYERS, FL 33917
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T SPECIE, JOSEPH 233 STATE STREET N FORT MYERS, FL 33903
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T DEBISLLO, JOSEPH 350 HORIZON DRIVE NORTH FORT MYERS, FL 33903
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T PRUETER, MATTHEW 22 EVERGREEN ROAD NORTH FORT MYERS, FL 33903
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T SALVATORE, SCOTT 3158 ORCHARD DR NORTH FORT MYERS, FL 33917
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T ACTON, BILLY 110 OVERLAND TRAIL NORTH FORT MYERS, FL 33917

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04/11/06-80064-019 61.25

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Joseph G Specie **JOSEPH G. SPECIE** 3-20-06 (239)995-2063
SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR Date Daytime Phone #