## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998

DOCUMENT # N95000004751 (2)

EAST FT. MYERS CHURCH OF CHRIST, INC.

**FILED** 

May 13 1998 8:00am

Secretary of State

Principal Place of Business Mailing Address				81841 18881 BILLEY 1487 1888		
· ·						
2756 DR. MARTIN LUTHER KING JR. BLVD. FT MYERS FL 33902		4105 3RD ST. W LEHIGH ACRES FL 33971		3. Date Incorporated or Qualified 10/02/1995		
				4. FEI Number	Applied For	
5.7-1-1-1-F				65-0612350	Not Applicable	
21 3864			EACH BLVd	5. Certificate of Status Desired	\$8.75 Additional Fee Required	
Suite, Apt.	#, etc.	Sulte, Apt. #, etc.	•		\$5.00 May Be	
22 27 City & State City & State				Trust Fund Contribution	Added to Fees	
23 FORT MYERS FLORIDA 20 FORT MYERS			FloRIDA	7. Is this nonprofit corporation a homeowners association?		
Zip	6 Country Lee	Zip All	Country LEE	8. This corporation owes or has paid the currer		
24 334 /	11	29 33 9 1 6   34	0 400	Personal Property Tax due June 30.  10. Name and Address of New Registered Ag	Yes □ No	
9, Name and Address of Current Registered Agent 10, Name and Address of New Registered Agent  81 Name						
ELIZEE REDAIADO E						
4105 W 3RD ST			62 Street Ad	dress (P.O. Box Number is Not Acceptable)		
LEHIGH ACRES FL 33971						
	1012012 000.1					
			84 City	FLI	85 Zip Code	
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						
Signature, typed or printed name of registered agent and tritle if applicable. (NOTE: Registered Agent signature  12. OFFICERS AND DIRECTORS  13.					10F07666 W.L.	
TITLE	D OFFICERS AND I	DELETE	13. 1.1 TITLE	ADDITIONS/CHANGES TO OFFICERS AND D	Change Addition	
NAME	ELIZEE, BERNARD	المرادات		L	T CHRUÑA [77] MODITIÓN	
STREET ADDRESS	4105 3RD ST. W		1.2 NAME			
	LEHIGH ACRES FL 33971		1.3 STREET ADORESS			
CITY-ST-ZIP TITLE	D	☐ DELETE	1.4 CITY-ST-ZIP 2.1 TITLE	· · · · · · · · · · · · · · · · · · ·	Change Addition	
NAME	ELIZEE, ROWEANA	المراد ال	2.2 NAME	<b>L</b>	A CHRISTIA	
STREET ADDRESS	4105 3RD ST. W					
	LEHIGH ACRES FL 33971		2.3 STREET ADDRESS			
CITY-ST-ZIP	D D	☐ DELETE	2. 4 CITY-ST-ZIP 3.1 TITLE		Change	
NAME	POOLE, BILLY		3.2 NAME	_	Towerdic □ Wortillou I	
STREET ADDRESS	3209 S STREET					
CITY-ST-ZIP	FT MYERS FL 33902		3.3 STREET ADDRESS			
TITLE	TO WILLIAM IE COMPA	DELETE	3.4. CITY-ST-ZIP 4.1 TITLE		Change Addition	
NAME			4. 2 NAME	L-	Township Trumping	
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY-ST-ZIP			
TITLE		DELETE	5.1 TITLE		Change Addition	
NAME			5.2 NAME	_	- constant and constants	
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CITY-ST-ZIP			
TITLE		☐ DELETE	6.1 TITLE		Change	
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
CITY-ST-ZIP			6.4 CITY-ST-ZIP		ì	
	add, that the information available with		U.TOITI OT EIT			

4. 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: Demand F Eliza Remand F. Eliza April 14 1998 (941) 368-6937

CR2E037 (10/97)