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

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

**FILED** 

May 14 1997 8:00am

Secretary of State

Change

Addition

1997 DOCUMENT # N9600002676 (2)

BUILDING FOR GOD, INC.

TITLE

NAME STREET ADDRESS

CITY-ST-ZIP

Principal Place	e of Business	Mailing Address		· · ·		
902 NORTH ST FT. MYERS BEA		902 NORTH STREET FT. MYERS BEACH FL 33931-	2214			
					3. Date Incorporated or Qualified 3a. Date of Last Report 05/13/1996	
	lace of Business	2a. Mailing Address	. /1		4. FEI Number Applied For	
21 25 3 (	SIMPSON ST		BK	<u> </u>	Not Applicable	
Sulte, Apt.		Suite, Apt. #, etc.			5. Certificate of Status Desired S8.75 Additional Fee Required	
City & State 23 FORT	MYERS FI	City & State			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees	
Zip 24 33 9 (		Zip	Country	<i>t</i>	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	
	9. Name and Address of Curre	nt Registered Agent		<del></del>	10. Name and Address of New Registered Agent	
			81	Name		
BELLER, WILLIAM D 902 NORTH STREET FT. MYERS BEACH FL 33931			82			
			83			
			84	City	FI 85 Zip Code	
11 Pursuant	to the provisions of Sections 617.05	02 and 617 1508 Florida Statutes	the abov	e-named :	corporation submits this statement for the purpose of changing its registered poration's board of directors. I hereby accept the appointment as registered	
	Signature, typed or printed name of registered at			ent signature	o required when reinstating) DATE	
12.		ND DIRECTORS DELETE	13. 1.1 TITLE		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change Addition	
TITLE NAME	DP Beeler, William D	<del>_</del>			Change Addition	
STREET ADDRESS	902 NORTH STREET		1.2 NAME 1.3 STREET	ADDRESS		
CITY-ST-ZIP	The second was all the second		1.4 CITY- 8	- 1		
TITLE	D	DELETE 21 TI		31-20	☐ Change ☐ Addition	
NAME	ROTH, JOSEPH E		2.2 NAME	ľ		
STREET ADDRESS	11595 KELLY ROAD		2.8 STREET	T ADDRESS		
C(TY-ST-ZIP	FT. MYERS FL 33908		2. 4 CITY-	ST-ZIP		
TITLE	D	☐ DELETE	3.4 TITLE		Change Addition	
NAME	PRENTICE, CARL		3.2 NAME	İ		
STREET ADDRESS	5373 COUNCIL LANE		3.3 STREET	1		
CITY-ST-ZIP TITLE	FT. MYERS FL 33907	DELETE	3.4. CITY- 4.1 TITLE	ST - ZIP	Change Addition	
NAME	r <sup>i</sup>	- otter	4.7 IIILE 4.2 NAME	ĺ	Juliange Audition	
STREET ADDRESS				i address		
CITY-ST-ZIP			4.4 CITY-5			
TITLE		☐ DELETE	5.1 TITLE		Change Addition	
NAME			5.2 NAME	ļ		
STREET ADDRESS			5.3 STREET	T ADDRESS		
CITY-ST-ZIP			5.4 CHY-5	ST-ZIP		

14. I do hereby certify that the information supplied with this filling 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.

6.3 STREET ADDRESS 6.4 CITY - ST - ZIP

6.1 TITLE 6.2 NAME

DELETE