Entity Name: FIRST BAPTIST CHURCH, FORT MYERS, FLORIDA, INC.			Secretary c CC745108	
1735 JACKSON	ncipal Place of Business: NST FL 33901-3029		CC745106	0440
Current Mai	ling Address:			
1735 JACKS FORT MYEF	SON ST RS, FL 33901-3029 US			
FEI Number: 59-0799901		Certificate of Status Desired: Yes		
Name and A	Address of Current Registered Agent:			
	JL			
DECARLO, PAI 1735 JACKSON FORT MYERS,	NST.			
1735 JACKSON FORT MYERS,	NST.	tered office or regis	tered agent, or both, in the State of Florida	
1735 JACKSON FORT MYERS, The above named	NST. FL 33901 US	tered office or regis		3/08/2018
1735 JACKSON FORT MYERS, The above named	NST. FL 33901 US d entity submits this statement for the purpose of changing its regis	tered office or regis		
1735 JACKSON FORT MYERS, The above named	NST. FL 33901 US d entity submits this statement for the purpose of changing its regis E: <u>PAUL DECARLO</u> Electronic Signature of Registered Agent	tered office or regis		3/08/2018
1735 JACKSON FORT MYERS, The above named SIGNATURE	NST. FL 33901 US d entity submits this statement for the purpose of changing its regis E: <u>PAUL DECARLO</u> Electronic Signature of Registered Agent	tered office or regis		3/08/2018
1735 JACKSON FORT MYERS, The above named SIGNATURE Officer/Dire	NST. FL 33901 US d entity submits this statement for the purpose of changing its regis E: <u>PAUL DECARLO</u> Electronic Signature of Registered Agent ctor Detail :		0	3/08/2018
1735 JACKSON FORT MYERS, The above named SIGNATURE Officer/Dired Title	NST. FL 33901 US d entity submits this statement for the purpose of changing its regis E: <u>PAUL DECARLO</u> Electronic Signature of Registered Agent Ctor Detail : PD	Title	т	3/08/2018
1735 JACKSON FORT MYERS, The above named SIGNATURE Officer/Dired Title Name Address	NST. FL 33901 US d entity submits this statement for the purpose of changing its regis E: <u>PAUL DECARLO</u> Electronic Signature of Registered Agent Ctor Detail : PD DECARLO, PAUL	Title Name	T EGOLF, ROBERT 19 EVERGREEN DR, SWAN LAKE	3/08/2018
1735 JACKSON FORT MYERS, The above named SIGNATURE Officer/Dired Title Name Address	 NST. FL 33901 US d entity submits this statement for the purpose of changing its regis <u>PAUL DECARLO</u> Electronic Signature of Registered Agent Ctor Detail : PD DECARLO, PAUL 1735 JACKSON STREET 	Title Name Address	T EGOLF, ROBERT 19 EVERGREEN DR, SWAN LAKE	3/08/2018
1735 JACKSON FORT MYERS, The above named SIGNATURE Officer/Dired Title Name Address City-State-Zip:	 NST. FL 33901 US d entity submits this statement for the purpose of changing its regis EAUL DECARLO Electronic Signature of Registered Agent Ctor Detail : PD DECARLO, PAUL 1735 JACKSON STREET FORT MYERS FL 33901 	Title Name Address City-State-Zip:	T EGOLF, ROBERT 19 EVERGREEN DR, SWAN LAKE FORT MYERS FL 33917	3/08/2018

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: NICKIE CONNELL

City-State-Zip: NORTH FT. MYERS FL 33971

SECRETARY

City-State-Zip: NORTH FORT MYERS FL 33917

03/08/2018

Electronic Signature of Signing Officer/Director Detail

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT **DOCUMENT# 701029**

FILED Mar 08, 2018 cretary of State

Date