

FILE NOW: FILING FEE IS \$61.25

FILED
Feb 10 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **718105** (0)
1. Corporation Name
OLGA-FORT MYERS SHORES UNITED METHODIST CHURCH



Principal Place of Business 14036 MATANZAS DR FT. MYERS FL 33905-2236	Mailing Address 14036 MATANZAS DR FT. MYERS FL 33905-2236
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3. Date Incorporated or Qualified 02/06/1970
4. FEI Number 59-2422755
Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent WISE, STANLEY 14949 RANDOLPH DRIVE SE FT MYERS FL 33905

10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL
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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	
TITLE	CD <input type="checkbox"/> DELETE
NAME	SYVERSON, CARL
STREET ADDRESS	13026 9TH ST SE
CITY-ST-ZIP	FT MYERS FL
TITLE	VCD <input type="checkbox"/> DELETE
NAME	MCCOLLUM ED
STREET ADDRESS	13820 RIVER FOREST DRIVE SE
CITY-ST-ZIP	FT MYERS FL
TITLE	CT <input checked="" type="checkbox"/> DELETE
NAME	SIMPSON, MATT H
STREET ADDRESS	4851 NEAL ROAD
CITY-ST-ZIP	FT MYERS FL
TITLE	VCT <input checked="" type="checkbox"/> DELETE
NAME	BYRUS, WILLIAM
STREET ADDRESS	14926 RANDOLPH DRIVE SE
CITY-ST-ZIP	FT MYERS FL
TITLE	T <input type="checkbox"/> DELETE
NAME	FELTY, BETTY S
STREET ADDRESS	2220 SANTIAGO AVE SE
CITY-ST-ZIP	FT MYERS FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	CTr RALPH CLEAR
3.3 STREET ADDRESS	2840 Parker Ave. SE
3.4 CITY-ST-ZIP	Ft. Myers FL 33905
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	VCTr DON BURT
4.3 STREET ADDRESS	12301 River Road SE
4.4 CITY-ST-ZIP	Ft. Myers FL 33905
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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.

SIGNATURE: **Carl B. Syverson**

CR2E037 (1097)