

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 718105

1. Entity Name

OLGA-FORT MYERS SHORES UNITED METHODIST CHURCH

FILED
Aug 01, 2000 8:00 am
Secretary of State

08-01-2000 90114 005 ****61.25

Principal Place of Business

Mailing Address

14036 MATANZAS DR
 FT. MYERS FL 33905-2236

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 FT. MYERS FL 33905-2236

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2422755

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional -
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WISE, STANLEY
 14949 RANDOLPH DRIVE SE
 FT MYERS FL 33905

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:

FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

Make Check Payable to
 Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE VCD ☐ Delete
 NAME BURT, DOT
 STREET ADDRESS 12301 RIVER RD SE
 CITY-ST-ZIP FT MYERS FL 33905

TITLE D ☒ Change ☐ Addition
 NAME Burt, Dot
 STREET ADDRESS 12301 River Road SE
 CITY-ST-ZIP Ft. Myers, FL 33905

TITLE CD ☐ Delete
 NAME MCCOLLUM ED
 STREET ADDRESS 13820 RIVER FOREST DRIVE SE
 CITY-ST-ZIP FT MYERS FL

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE VCT ☐ Delete
 NAME CLARK, LOEHR
 STREET ADDRESS 2113 WENOLA CT
 CITY-ST-ZIP FT MYERS FL 33905

TITLE D ☒ Change ☐ Addition
 NAME Clark, Loehr
 STREET ADDRESS 2113 Wenola Ct
 CITY-ST-ZIP Ft. Myers, FL 33905

TITLE T ☐ Delete
 NAME FELTY, BETTY S
 STREET ADDRESS 2220 SANTIAGO AVE SE
 CITY-ST-ZIP FT MYERS FL

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE CT ☐ Delete
 NAME VAN PATTON, ALTON
 STREET ADDRESS 2560 COLUMBUS ST
 CITY-ST-ZIP FT MYERS FL 33901

TITLE VCD ☒ Change ☐ Addition
 NAME Van Patton, Alton
 STREET ADDRESS 2560 Columbus St.
 CITY-ST-ZIP Ft. Myers, FL 33901

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. 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 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:

Stanley G. Wise
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/28/00 944 694-2797

CR2E037 (9/99)