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

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT #

723567

WESLEY UNITED METHODIST CHURCH OF MARCO ISLAND.

Principal Place of Business

Mailing Address

## **FILED** Aug 06 1997 8:00am Secretary of State



350 SOUTH BA	ARFIELD DRIVE ID FL 33937	350 SOUTH BARFIELD : MARCO ISLAND FL 341						
					3. Date Incorporated or Qualified 3a. Date 05/31/1972		e of Last Report 02/02/1996	
2. Principal P	lace of Business	2a. Mailing Address	2a. Mailing Address		4. FEI Number		A	oplied For
21		26	26		59-1298893		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State		City & State			Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip 24	Country 25				B. This corporation has liability for intengible tax under s. 199.032,     Florida Statutes			
	9. Name and Address of Co		100		10. Name and Address of New Reg			
			1	1 Name				
CORNE	Y PARERT		<u> </u>					
CORNEY, ROBERT 1132 BOND CT.			ļŧ	Street Add	dress (P.O. Box Number is Not Acceptab	le)		
	ISLAND FL 33937		1	33				
MARCO	I IODANO PE 00801			<u> </u>		. *		
				City		FI	<b>65</b> Zip	Code
11 Purcuent	to the provisions of Sections 617	7.0502 and 617.1508. Florida Stat	lutes the ehr	ove-named co	rporation submits this statement for the p		hanging i	te ranietarad
office or r agent. I a	egistered agent, or both, in the time familiar with, and accept the control of th	State of Florida. Such change was obligations of, Section 617.0503,	s authorized Florida Statu	by the corporates.	ation's board of directors. I hereby accep	it the appo	intment as	registered
SIGNATURE						•		
	Signature, typed or printed name of register			Agent signature req	ulrad when reinslating)	DATE		
12.		S AND DIRECTORS	13.	<del></del>	ADDITIONS/CHANGES TO OFFIC			
TITLE	PT	L DELETE	1.1 T(TL	E	•	L	Change	Addition
NAME	CORNEY, ROBERT		1.2 NAN	AE .				
STREET ADDRESS	1132 BOND CT.		1.3 STR	EET ADDRESS				
CITY-ST-ZIP	MARCO ISLAND FL 3393		1.4 CITY	r-ST-ZIP				
TITLE	Vī	DELETE	2.1 TITL	E		[	Change	Addition
NAME	HUMPHREYS, MICHAEL		2.2 NAM	4E ∳∵				
STREET ADDRESS	P.O. BOX 606 N/A		2.3 STR	EET ADDRESS				
CITY-ST-ZIP	MARCO ISLAND FL 339	69	2. 4 CIT	Y - ST - ZIP				
TITLE	Π	DELETE	3.1 TITL	E		I	Change	Addition
NAME	MELLINGER, SYD		3.2 NAN	1E				
STREET ADDRESS	1200 LUDLAM CT		3.3 STR	EET ADDRESS				
CITY-ST-ZIP	MARCO ISLAND FL 3393	37	3.4, CIT	Y-ST-ZIP	•			
TITLE	\$	DELETE	4.1 TITL				Change	Addition
NAME	NEWCOMB, NEWT		4.2 NAI	VIE Í				
STREET ADDRESS	402 LUZON	•	4.3 STR	EET ADDRESS				
CITY-ST-ZIP	NAPLES FL 33962			(-ST-ZIP				
TITLE		DELETE	5.1 TITL				Change	Addition
NAME		<del></del>	5.2 NAN	1		•		
STREET ADDRESS				EET ADDRESS				
CITY-ST-ZIP			<b>f</b>	(-\$T-ZIP				
TITLE		DELETE	6.1 TITL				Change	Addition
NAME			6.2 NAN		•	•		
STREET ADDRESS								
_				EET ADDRESS				
CITY-ST-ZIP	L	0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		/-ST-ZIP	ed in Section 119.07(3)(i), Florida Statutes			

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 charged, or on an execute this report as required by Chapter 617, Florida Statutes; and that my name