## FILE NOW: FILING FEE IS \$61.25

NONPROFIT **CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT #

(4)

WESLEY UNITED METHODIST CHURCH OF MARCO ISLAND.

**FILED** Apr 24 1998 8:00am Secretary of State

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1110-							
Principal Place of Business Mailing Address					1 IOBERE IODIO LIBOD PAID OTTIO TILLI DOGL DIEGL BION DION BEGL BIOL BIDE CORP.		
350 SOUTH BARFIELD DRIVE 350 SOUTH BARFIELD DRIVE MARCO ISLAND FL 33937 MARCO ISLAND FL 33937			VE		3. Date Incorporated or Qualified  05/31/1972 4. FEI Number Applied For		
					<b>59-1298893</b> Not Applicable		
21	Place of Business	2a. Malling Address 26	·		5. Certificate of Status Desired S8.75 Additional Fee Required		
Suite, Apt.		Suite, Apt. #, etc.			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees		
City & Stat		City & State			7. Is this nonprofit corporation a homeowners association?		
Zip 24	Country 25		30 30	ntry	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes No		
	9. Name and Address of Curr	ent Registered Agent			10. Name and Address of New Registered Agent		
				81 Nam	Name		
CORNEY, ROBERT 1132 BOND CT.				82 Street Address (P.O. Box Number is Not Acceptable)			
MARCO ISLAND FL 33937			Ì	83			
				84 City	FL 85 Zip Code		
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  Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstailing)  DATE							
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PT	DELETE	1.1 TIT	LE	Change Addition		
NAME	CORNEY, ROBERT	_	1.2 NA	ME			
STREET ADDRESS	1132 BOND CT.		1.3 STI	REET ADDRES	DRESS		
AUTU AT THE	MADON ISLAND EL 22027				.		

CITY-ST-ZIF .4 CITY-ST-2IF DELETE TITLE 2.1 TITLE Change Addition HUMPHREYS, MICHAEL NAME 2.2 NAME P.O. BOX 606 N/A STREET ADDRESS 2.3 STREET ADDRESS MARCO ISLAND FL 33969 CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE TITLE Change ■ Addition 3.1 TITLE MELLINGER, SYD NAME 3.2 NAME 1200 LUDLAM CT STREET ADORESS 3.3 STREET ADDRESS MARCO ISLAND FL 33937 CITY-ST-ZIP 3.4. CITY-ST-ZIP TITLE DELETE Change Addition 4.1 TITLE NAME NEWCOMB, NEWT 4 2 NAME 402 LUZON STREET ADDRESS 4.3 STREET ADDRESS NAPLES FL 33962 CITY-ST-ZIP 4.4 CITY-ST-ZIP TITLE DELETE Change Addition 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 City-St-ZiP ☐ DELETE TITLE Change 6.1 TITLE

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 of 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 para attachment with an address.

6.2 NAME

**6.3 STREET ADDRESS** 

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

3/27/98 642 662/