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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 723567			
1. Corporation Name WESLEY UNITED METHODIST CHURCH OF MARCO ISLAND, INC.			
Principal Place of Business 350 SOUTH BARFIELD DRIVE MARCO ISLAND FL 33937		Mailing Address 350 SOUTH BARFIELD DRIVE MARCO ISLAND FL 33937	



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		05/31/1972	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-1298893	
24 Country		29 Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
34145		Collier		6. Election Campaign Financing ☐ \$5.00 May Be Added to Fees	
30 Collier		10. Name and Address of New Registered Agent			
9. Name and Address of Current Registered Agent				81 Name	
CORNEY, ROBERT				SYDNEY S. MELLINGER	
1132 BOND CT.				82 Street Address (P.O. Box Number is Not Acceptable)	
MARCO ISLAND FL 33937				1200 LUDLAM COURT	
				83	
				84 City	
				MARCO ISLAND FL	
				85 Zip Code	
				34145	
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		1-25-99		DATE	
Sydney S. Mellinger					
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE		1.1 TITLE			
NAME		T			
STREET ADDRESS		237 SUNRISE CAY			
CITY-ST-ZIP		NAPLES, FL 34114			
CITY-ST-ZIP		14 CITY-ST-ZIP			
TITLE		2.1 TITLE			
NAME		VT Dr. Merle L. OTTO			
STREET ADDRESS		2.2 NAME			
CITY-ST-ZIP		2.3 STREET ADDRESS			
MARCO ISLAND FL 33969		1174 Strawberry Court			
CITY-ST-ZIP		2.4 CITY-ST-ZIP			
TITLE		3.1 TITLE			
NAME		DT Carolyn McPherson			
STREET ADDRESS		3.2 NAME			
CITY-ST-ZIP		3.3 STREET ADDRESS			
MARCO ISLAND FL 33937		1441 Caxambas Court			
CITY-ST-ZIP		3.4 CITY-ST-ZIP			
TITLE		4.1 TITLE			
NAME		TS Lynn Smith			
STREET ADDRESS		4.2 NAME			
CITY-ST-ZIP		4.3 STREET ADDRESS			
NAPLES FL 33962		1426 Firwood Court			
CITY-ST-ZIP		4.4 CITY-ST-ZIP			
TITLE		5.1 TITLE			
NAME		5.2 NAME			
STREET ADDRESS		5.3 STREET ADDRESS			
CITY-ST-ZIP		5.4 CITY-ST-ZIP			
TITLE		6.1 TITLE			
NAME		6.2 NAME			
STREET ADDRESS		6.3 STREET ADDRESS			
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE: Sydney S. Mellinger
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/22/99

Date

Daytime Phone #

CR2E037 (11/98)