

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N28563** (7)
1. Corporation Name
FAITH UNITED METHODIST CHURCH OF FORT MYERS, INC



Principal Place of Business Mailing Address
% BOB STONNER
15690 MCGREGOR BLVD
FORT MYERS FL 33908

3. Date Incorporated or Qualified **09/27/1988** 3a. Date of Last Report **01/25/1995**

2. Principal Place of Business 2a. Mailing Address
21 **% Martin Hertzfel** 26 **%Martin Hertzfel**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 **15690 McGregor Blvd.** 27 **15690 McGregor Blvd.**
City & State City & State
23 **Fort Myers, FL** 28 **Fort Myers, FL**
Zip Country Zip Country
24 **33908** 25 **USA** 29 **33908** 30 **USA**

4. FEI Number **65-0131989** Applied For
Not Applicable
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

STONNER, BOB
7424 DANA LIN CIR.
NORTH FT. MYERS FL 33917

10. Name and Address of New Registered Agent

81 Name **Martin Hertzfel**
82 Street Address (P.O. Box Number is Not Acceptable)
16232 Charleston Ave.
83
84 City **Fort Myers** FL 85 Zip Code **33908**

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 *Martin Hertzfel* 2-21-96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	C <input checked="" type="checkbox"/> DELETE	1.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STONNER, BOB	1.2 NAME	Bruce Conrad
STREET ADDRESS	7424 DANA LIN CIR.	1.3 STREET ADDRESS	16295 Davis Rd.
CITY-ST-ZIP	NORTH FT. MYERS FL 33917	1.4 CITY-ST-ZIP	Fort Myers, FL 33908
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LINSZ, BETTY L	2.2 NAME	Jay Bourne
STREET ADDRESS	3807 TURBAN CT.	2.3 STREET ADDRESS	15770 Candlewood Dr.
CITY-ST-ZIP	FT. MYERS FL 33908	2.4 CITY-ST-ZIP	Fort Myers, FL 33908
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STIRES, WILLIAM	3.2 NAME	Sandra Brazeal
STREET ADDRESS	348 LUNAR DR., #C-21	3.3 STREET ADDRESS	8924 Dorchester St.
CITY-ST-ZIP	FT. MYERS FL 33908	3.4 CITY-ST-ZIP	Fort Myers, FL 33907
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	C <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HERTZEL, MARTY	4.2 NAME	
STREET ADDRESS	16232 CHARLESTON AVE.	4.3 STREET ADDRESS	
CITY-ST-ZIP	FT. MYERS FL 33908	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KREBEL, DARL	5.2 NAME	Michael Kaestner
STREET ADDRESS	16255 DURHAM AVE.	5.3 STREET ADDRESS	5363 Palmetto
CITY-ST-ZIP	FT. MYERS FL 33908	5.4 CITY-ST-ZIP	Fort Myers, FL 33931
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	
NAME	BLAZIER, BOB	6.2 NAME	
STREET ADDRESS	14953 KIMBERLY LN.	6.3 STREET ADDRESS	
CITY-ST-ZIP	FT. MYERS FL 33908	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Bruce Conrad* 2/1/96 482-2030
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (12/95)