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Feb 05 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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
% MARTIN HARTZEL 15690 MCGREGOR BLVD FORT MYERS FL 33908 US
% MARTIN HARTZEL- 15690 MCGREGOR BLVD FORT MYERS FL 33908-2501 US

3. Date Incorporated or Qualified 09/27/1988 3a. Date of Last Report 02/28/1996
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

2. Principal Place of Business 2a. Mailing Address
21 % Bruce Conrad Suite, Apt. #, etc. 26 % Bruce Conrad Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent
HERTZEL, MARTIN
16232 CHARLESTON AVENUE
CORT MYERS FL 33908

10. Name and Address of New Registered Agent
81 Name Bruce Conrad
82 Street Address (P.O. Box Number is Not Acceptable) 16295 Davis Rd. Lot 47
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 *Bruce Conrad* DATE 1/22/97
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	<input checked="" type="checkbox"/> C <input type="checkbox"/> DELETE
NAME	CONRAD, BRUCE
STREET ADDRESS	16295 DAVIS ROAD
CITY-ST-ZIP	FORT MYERS FL
TITLE	<input type="checkbox"/> DELETE
NAME	BOURNE, JAY
STREET ADDRESS	15770 CANDLEWOOD DRIVE
CITY-ST-ZIP	FORT MYERS FL
TITLE	<input type="checkbox"/> DELETE
NAME	BRAZEAL, SANDRA
STREET ADDRESS	8924 DORCHESTER STREET
CITY-ST-ZIP	FT. MYERS FL
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	HERTZEL, MARTY
STREET ADDRESS	16232 CHARLESTON AVE.
CITY-ST-ZIP	FT. MYERS FL
TITLE	<input type="checkbox"/> DELETE
NAME	KAESTNER, MICHAEL
STREET ADDRESS	5363 PALMETTO
CITY-ST-ZIP	FT. MYERS FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Bruce Conrad
1.3 STREET ADDRESS	16295 Davis Rd. Lot 47
1.4 CITY-ST-ZIP	Fort Myers, FL 33908 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Harold Gressman
2.3 STREET ADDRESS	120 Seahorse Ln.
2.4 CITY-ST-ZIP	Fort Myers Beach, FL 33931 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Emil Cesky
3.3 STREET ADDRESS	16191 Baton Rouge Ct.
3.4 CITY-ST-ZIP	Fort Myers, FL 33908
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Robert Selkirk
4.3 STREET ADDRESS	14881 David Dr.
4.4 CITY-ST-ZIP	Fort Myers, FL 33908
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Joann Burda
5.3 STREET ADDRESS	285 Albatross St.
5.4 CITY-ST-ZIP	Fort Myers Beach, FL 33931 <input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE: *Bruce Conrad* 1/22/97

CR2E037 (9/96)