


FILE NOW: FILING FEE IS \$61.25

FILED
Feb 05 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		 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 % CONRAD, BRUCE 15690 MCGREGOR BLVD FORT MYERS FL 33908 US		Mailing Address % CONRAD, BRUCE 15690 MCGREGOR BLVD FORT MYERS FL 33908 US	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	
3. Date Incorporated or Qualified 09/27/1988			
4. FEI Number 65-0131989			
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required			
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees			
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No			
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent CONRAD, BRUCE 16295 DAVIS RD LOT 47 FT MYERS FL 33908		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 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 <u>Bruce Conrad</u> <u>Bruce Conrad</u> <u>1/8/98</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <input type="checkbox"/> DELETE NAME D CONRAD, BRUCE STREET ADDRESS 16295 DAVIS ROAD CITY-ST-ZIP FORT MYERS FL		1.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1.2 NAME D Haas, Robert 1.3 STREET ADDRESS 14860 Canaan Dr. 1.4 CITY-ST-ZIP Fort Myers, FL 33908	
TITLE <input type="checkbox"/> DELETE NAME D BOURNE, JAY STREET ADDRESS 15770 CANDLEWOOD DRIVE CITY-ST-ZIP FORT MYERS FL		2.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2.2 NAME D Gressman, Elizabeth 2.3 STREET ADDRESS 15560 Catalpa Cove Dr. 2.4 CITY-ST-ZIP Fort Myers, FL 33908	
TITLE <input checked="" type="checkbox"/> DELETE NAME D BRAZEL, SANDRA STREET ADDRESS 8924 DORCHESTER STREET CITY-ST-ZIP FT. MYERS FL		3.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 3.2 NAME D Cesky, Emil 3.3 STREET ADDRESS 16191 Baton Rouge Ct., Fort Myers, 3.4 CITY-ST-ZIP Florida 33908	
TITLE <input checked="" type="checkbox"/> DELETE NAME D GRESSMAN, HAROLD STREET ADDRESS 120 SEAHORSE LN CITY-ST-ZIP FT MYERS BEACH FL		4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
TITLE <input checked="" type="checkbox"/> DELETE NAME D KAESTNER, MICHAEL STREET ADDRESS 5363 PALMETTO CITY-ST-ZIP FT. MYERS FL		5.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 5.2 NAME D Wasem, Richard 5.3 STREET ADDRESS 15043 Tamarind Cay St. 5.4 CITY-ST-ZIP Fort Myers, FL 33908	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP		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 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 1/8/98

CR2E037 (1097)