

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 03, 2000 8:00 am
Secretary of State

02-03-2000 90029 002 ****61.25

DOCUMENT # N28563

1. Entity Name

FAITH UNITED METHODIST CHURCH OF FORT MYERS, INC

Principal Place of Business

Mailing Address

~~% CONRAD BRUCE~~ Gressman, Harold ~~% CONRAD BRUCE~~ Harold Gressman
 15690 MCGREGOR BLVD 15690 MCGREGOR BLVD
 FORT MYERS FL 33908 FORT MYERS FL 33908-2501
 US US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

15690 McGregor Blvd.

3. Mailing Address

15690 McGregor Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Fort Myers, FL

City & State

Fort Myers, FL 3

4. FEI Number

65-0131989

Applied For

Not Applicable

Zip

33908

Country

USA

Zip

33908

Country

USA

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CESKY, EMIL
 16191 BATON ROUGE CTR.
 FT MYERS FL 33908

7. Name and Address of New Registered Agent

Name Harold Gressman
 Street Address (P.O. Box Number is Not Acceptable)
120 Seahorse Lane
 City Fort Myers Beach **FL** Zip Code 33931

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Harold H. Gressman

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1-12-00

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	HAAS, ROBERT	
STREET ADDRESS	14860 CANAAN DR	
CITY-ST-ZIP	FT MYERS FL 33908	
TITLE	S	<input type="checkbox"/> Delete
NAME	GRESSMAN, ELIZABETH	
STREET ADDRESS	15560 CATALPA COVE DR	
CITY-ST-ZIP	FORT MAYERS FL 33908	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	CESKY, EMIL	
STREET ADDRESS	16191 BATON ROUGE CT	
CITY-ST-ZIP	FT MYERS FL 33908	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WASEM, RICHARD	
STREET ADDRESS	15043 TAMARIND CAY ST	
CITY-ST-ZIP	FT MYERS FL 33908	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BENNER, DAN	
STREET ADDRESS	9780 OWLCORER	
CITY-ST-ZIP	FT MYERS FL 33919	
TITLE	D	<input type="checkbox"/> Delete
NAME	WALKER, MARTY	
STREET ADDRESS	2121 COLLIER AVE/STE 201	
CITY-ST-ZIP	FT MYERS FL 33901	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Harold Gressman	
STREET ADDRESS	120 Seahorse Lane	
CITY-ST-ZIP	Fort Myers Beach, FL 33931	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Cliff Parady	
STREET ADDRESS	14461 Lakewood Trace Ct. Unit #304	
CITY-ST-ZIP	Fort Myers, FL 33919	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Alice Schoonmaker	
STREET ADDRESS	12170-Kelly Sands #715	
CITY-ST-ZIP	Fort Myers, FL 33908	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ken Mesler	
STREET ADDRESS	12150 Live Oak Dr.	
CITY-ST-ZIP	Fort Myers, FL 33908	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Don Streck	
STREET ADDRESS	15152 Palm Isle Dr.	
CITY-ST-ZIP	Fort Myers, FL 33919	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Curt Sarff	
STREET ADDRESS	11798 Caravel Cir.	
CITY-ST-ZIP	Fort Myers, FL 33908	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Harold H. Gressman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-12-00 (941)463-9771

Date

Daytime Phone #

CR2E037 (9/99)