

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2001 8:00 am
Secretary of State

01-29-2001 90034 002 ****70.00

DOCUMENT # N28563

1. Entity Name

FAITH UNITED METHODIST CHURCH OF FORT MYERS, INC

Principal Place of Business

Mailing Address

C/O HAROLD GRESSMAN
 15690 MCGREGOR BLVD
 FORT MYERS FL 33908
 US

C/O HAROLD GRESSMAN
 15690 MCGREGOR BLVD
 FORT MYERS FL 33908
 US

010040



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0131989**

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GRESSMAN, HAROLD
120 SEAHORSE LN
FORT MYERS BEACH FL 33931

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____

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

(NOTE: Registered Agent signature required when reinstating)

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HAAS, ROBERT	
STREET ADDRESS	14860 CANAAN DR	
CITY-ST-ZIP	FT MYERS FL 33908	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	GRESSMAN, ELIZABETH	
STREET ADDRESS	15560 CATALPA COVE DR	
CITY-ST-ZIP	FORT-MAYERS FL 33908	
TITLE	P	<input type="checkbox"/> Delete
NAME	GRESSMAN, HAROLD	
STREET ADDRESS	120 SEAHORSE LN	
CITY-ST-ZIP	FORT MYERS BEACH FL 33931	
TITLE	D	<input type="checkbox"/> Delete
NAME	PARADY, CLIFF	
STREET ADDRESS	14461 LAKEWOOD TRACE CT 304	
CITY-ST-ZIP	FORT MYERS FL 33908	
TITLE	D	<input type="checkbox"/> Delete
NAME	SCHOENMAKER, ALICE	
STREET ADDRESS	12170 KELLY SANDS 715	
CITY-ST-ZIP	FORT MYERS FL 33908	
TITLE	D	<input type="checkbox"/> Delete
NAME	WALKER, MARTY	
STREET ADDRESS	2121 COLLIER AVE/STE 201	
CITY-ST-ZIP	FT MYERS FL 33901	

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Robert DeVeny	
STREET ADDRESS	11240 Boardwalk Pl.	
CITY-ST-ZIP	Fort Myers, FL 33908	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Maxine Mantooth	
STREET ADDRESS	1357 Oaklawn Ct	
CITY-ST-ZIP	Fort Myers, FL 33919	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 Gressman* **REQUIRED**

1-16-01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)